The Bulletin

of the

American Association of Nurse Anesthetists



AUGUST 1944



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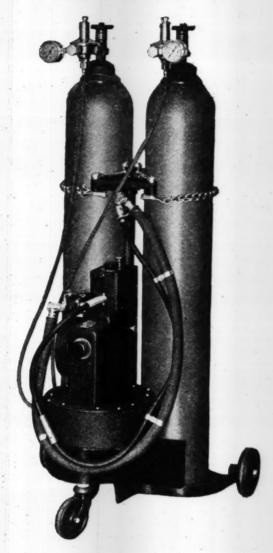
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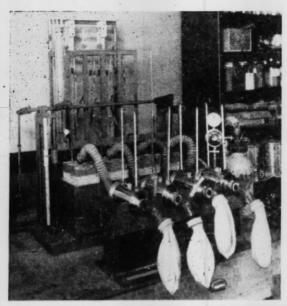


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BULLETIN OF THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

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EDITORIAL COMMUNICATIONS

The Bulletin invites concise, original articles on anesthesia. Description of new technics and methods are welcomed. Articles are accepted for publication with the understanding that they are contributed solely to the Bulletin of the American Association of Nurse Anesthetists.

Manuscripts submitted for publication may be sent to Gertrude L. Fife, University Hospitals, Cleveland 6, Ohio.

The American Association of Nurse Anesthetists does not hold itself responsible for any statements or opinions expressed by any contributor in any article published in its columns.

Manuscripts. — Manuscripts should be typewritten on one side of the paper only, with double spacing and liberal margins. References should be placed at the end of the article and should conform to the following style: viz., name of author, title of article, and name of periodical with volume, page, and year.

Illustrations accompanying manuscripts should be numbered, provided with suitable legends, and marked on margin or back with the author's name. Authors should indicate on the manuscript the approximate position of text figures.

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All communications in regard to advertising, subscriptions, change of address, et cetera, should be addressed to the Chairman of the Publishing Committee, 2065 Adelbert Road, Cleveland 6, Ohio.

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The Bulletin of the American Association of Nurse Anesthetists

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AUGUST, 1944

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BUY WAR BONDS

TWELFTH ANNUAL MEETING

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS CLEVELAND, OHIO

October 2-5, 1944

Held in conjunction with the American Hospital Association Convention

HOTEL HEADQUARTERS — HOTEL HOLLENDEN

Business Meeting and all General Sessions held at Public Auditorium. The Auditorium is only a few minutes' walk from the Hotel Hollenden—it can be seen from the Hotel when looking north toward the lake.

MONDAY, OCTOBER 2

9:00 - 10:00 A.M. Registration - Auditorium

Anesthetists' Registration Desk located at one end of general registration desk.

Anesthetists are asked to register with the Anesthetists, and also with the American Hospital Association.

10:00 A.M.

GENERAL SESSION

Music Hall

Meeting will open with singing of the National Anthem By Miss Rose O'Neill, of Seattle, Washington

Address of Welcome

Mr. George Bugbee, Executive Secretary American Hospital Association

Round Table - conducted by Rose O'Neill

2:00 P.M.

GENERAL SESSION

Music Hall

Edith-Helen Holmes presiding Norwegian-American Hospital, Chicago

"Theories of Anesthetic Action"

Torald Sollmann, M.D., former Dean of Medical School and Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland

"Anesthesia for Laryngectomy"
Julius W. McCall, M.D., Cleveland

"Anesthesia in Exodontia"

John A. Sweeney, D.D.S., Professor of Anesthesia and Oral Surgery, School of Dentistry, Western Reserve University, Cleveland

"Use of the Speaker's Voice and Speech Correction"

Amy Bishop, Director of the Speech and Hearing Clinic, Western Reserve University

4:00 - 6:00 P.M.

TEA

Mezzanine Floor, Hotel Hollenden

Given by the Alumnae Association, University Hospitals of Cleveland School of Anesthesia

All members and guests of the American Association of Nurse Anesthetists are invited to attend.

8:00 P.M. Meeting of all Committee Members with Hazel Blanchard, Acting President

In President's Suite, Hotel Hollenden

TUESDAY, OCTOBER 3

9:00-12:00

BUSINESS SESSION

Music Hall

Conducted by Hazel Blanchard, Acting President

Roll Call

Approval of Minutes

Reports-

Acting President Executive Secretary

Treasurer

Historian

Standing Committees:

Membership Revisions Publishing Public Relations Curriculum

Educational Trust Fund

Educational Exhibit

Special Committees:

Examination-Registration Library

Anesthesia Records

Hazel Blanchard Anne M. Campbell Gertrude L. Fife

Ann Priester

Lucy Richards, Chairman
Helen Young Walker, Chairman
Gertrude L. Fife, Chairman
Rose G. Donovan, Chairman
Alma Webb, Chairman
Helen Lamb, Chairman
Verna M. Rice, Chairman
Esther Myers-Stephenson, Chmn.

Miriam G. Shupp, Chairman Mrs. Jack Childress, Chairman Margaret F. Sullivan, Chairman

Election of Officers

GENERAL SESSION

Music Hall

"Mediastinal Tumors"

Samuel O. Freedlander, M.D., Assistant Professor of Surgery, Western Reserve University, Cleveland

"The Anesthetic Risk in Cardiac Patients"

Harold Feil, M.D., Assistant Professor of Clinical Medicine, Western Reserve University; Associate Visiting Physician, University Hospitals of Cleveland

"Shock and Fluid Balance Problems"

William E. Abbott, M.D., Department of Surgery, Wayne University. Detroit

"The Use of Curare in Anesthesia" Ruth Walthers, Minneapolis General Hospital, Minneapolis

7:00 P.M.

BANQUET

Mezzanine Floor, Hotel Hollenden

Invocation by The Reverend T. H. Evans, Rector of St. Paul's Episcopal Church, Cleveland Heights

Address - "Life under Pressure"

Mr. Louis B. Seltzer Editor, The Cleveland Press

WEDNESDAY, OCTOBER 4

9:00-11:30 A.M.

INSTRUCTORS' SESSION

Music Hall

Conducted by Helen Lamb, Barnes Hospital, St. Louis

11:30 A.M. "Teaching of Physiology to Student Anesthetists" Harold David Green, M.D., Associate Professor of Physiology, Western Reserve University, Cleveland

2:00 P.M.

104

GENERAL SESSION

Music Hall

Palma Anderson presiding Deaconess Hospital, Minneapolis

"The Nurse Anesthetist in the Postwar Period" Roger W. DeBusk, M.D., Executive Director Evanston Hospital, Evanston, Illinois

"Caudal Anesthesia in Obstetrics" Edward Mininger, M.D., Assistant Medical Superintendent, City Hospital, Cleveland

"Psychoses in Postwar Period"

Major George F. Sutherland, Chief of Neuropsychiatric Section, Medical Corps, Crile General Hospital, Cleveland

"Resuscitation of the Infant"

Eletta B. Engum, Director, School of Anesthesia, Mount Carmel Mercy Hospital, Detroit

"Pentothal Sodium as a Basal Anesthetic"

1st Lt. Phyllis A. Roberts, A.N.C., Chief Nurse Anesthetist. Bruns General Hospital, Santa Fe, New Mexico

THURSDAY, OCTOBER 5

9:00 A.M.

GENERAL SESSION

Music Hall

"National Trends in Health Legislation"
C. Rufus Rorem, M.D., Hospital Service Plan Commission, Chicago

Reports of two cases of convulsions, by Grace Williams, Allegheny General Hospital, Pittsburgh

Report of pentothal sodium introduced into artery Myrn Momeyer, St. Luke's Hospital, Cleveland

10:30

UNFINISHED BUSINESS

2:00 P.M.

MEETING OF ADVISORY COUNCIL

Music Hall

Rose G. Donovan presiding Mount Sinai Hospital, Philadelphia

All members invited to attend this session

All members are invited to visit the Exhibit Hall.

The Educational Booth of the American Association of Nurse Anesthetists will be located among the educational booths in the Exhibit Hall.

GENERAL PROBLEMS IN ANESTHESIA

ROBERT L. PATTERSON, M.D.

Director Department of Anesthesia, Allegheny General Hospital, Pittsburgh, Pa.

There are certain duties of the anesthetist preliminary to the administration of the anesthetic agent or agents that are important and may influence greatly the success or failure of the anesthesia.

The history of previous operative procedures with reference to the anesthetic agents and methods used may give valuable information to the anesthetist on the choice of the agent or method to be used in the present contemplated operative procedure. This may be available from previous admission records and if not, the patient's own reaction to the previous anesthesia can be elicited. Because of illness or injury the oxygen transport mechanism of the surgical patient is frequently defective. The anesthetist must evaluate every patient's physical status in terms of ability to deliver oxygen to the central nervous system. The history, physical and laboratory examinations are searched for indications of defective oxygen delivery. Has there been bleeding? What is the quantity of hemoglobin, the number of red cells, the functional capacity of the heart, the pulse pressure, the condition of the arteries? Is there a history of pneumonia, pulmonary tuberculosis or fibrosis?

The physical status of the individual to be anesthetized should be known. This can usually be determined from the physical examination. The status of the cardiovascular and respiratory systems, and the type of operation contemplated are taken into consideration from the standpoint of the anesthetist.

Read at the annual meeting of the Pennsylvania Association of Nurse Anesthetists held in Pittsburgh, April 12 and 13, 1944.

Preanesthetic Medication

Preanesthetic medication is valuable in bringing the patient to a state in which so far as possible, fear, apprehension, and resistance to anesthesia are minimized. In with the adult patient, preanesthetic medication is begun the night before operation. A frequently used drug is pentobarbital sodium (nembutal) in the dose of 1½ grains (0.1 gram) by mouth at bedtime, and this dose is repeated the next morning at least ninety minutes prior to the scheduled operative time. Approximately thirty to forty minutes before operation. morphine sulphate grain 1/6 (0.01 gram) and atropine sulphate grain 1/150 (0.00043 gram) or scopolamine grain 1/150 (0.00043 gram) is given. Variation from this dosage depends upon the patient, his physical condition, the anesthetic and the operation contemplated, also history of idiosyncrasies on the part of the patient. Infants and small children do not always tolerate morphine well, but the majority of children will tolerate small doses of morphine. Some risk may be present in children but it is not necessarily serious, but one must have utmost confidence in the individual responsible for mixing and administering morphine to children. Occasionally miscalculation of the dosage has occurred, and the untoward results are more difficult to treat in children than in adults.

Sedatives and narcotics as well as

anesthetic agents have similar effects upon the mechanism of respiration. Almost without exception they depress the respiratory center, decreasing minute volume exchange. Obstruction to ventilation likewise is an indirect result of many pharmacologic effects. Anoxia, therefore, may have its beginning in too heavy preanesthetic medication.

Anoxia

The anesthetist must ever be concerned with asphyxia and its consequences. When its approach is marked by cyanosis, it is easily perceived. When it appears in the presence of low hemoglobin, it may be unnoticed. Asphyxia is quick to take advantage of carelessness and unskillfulness, and at times of circumstances beyond our control.

Normal oxygen tensions are troublesome to maintain during anesthesia, one extreme or the other being common. Danger is certainly inherent in shortage of oxygen and it may be in excess as well, though lack is, of course, by far the more serious of the two.

The body does not contain a sufficient reserve store of oxygen in the tissues beyond that contained in the blood. Lack of oxygen produces first a transient stimulus to breathing, but anoxia of the respiratory center quickly results in failure. By stimulation of the vasomotor center the heart beat is accelerated and an elevation in blood pressure is produced. Most of the unfortunate results of nitrous oxide anesthesia can be attributed to anoxia. Delayed effects of importance in the postanesthetic period are chiefly edema of the general body tissues, nausea, vomiting, and mental depression.

Atelectasis

Many theories have been advanced as to the etiological factors involved

in the production of atelectasis. In most cases postoperative atelectasis is caused by a mechanical obstruction; that is, actual plugging of a bronchus or several bronchi by tenacious secretions which have collected in the tracheobronchial tree during anesthesia, by mucopurulent material which was present preoperatively, or by mucus, blood, or vomitus which has been aspirated into the trachea either during or after anesthesia.

The symptoms of postoperative atelectasis usually follow a rather definite pattern. The patient complains of dyspnea, which is frequently out of proportion to the degree of pulmonary involvement present, the pulse becomes rapid, there is a sudden increase in temperature, and cyanosis becomes apparent. The degree of cyanosis depends upon the amount of pulmonary tissue involved. Physical signs may or may not be present.

By far the most important treatment is preventive. Preoperative sedation may have an effect on the development of pulmonary complications. Heavy doses of morphine depress respiration and diminish volume exchange; and large doses of atropine and scopolamine may be responsible for the drying of secretions which are present until they become so tenacious that the ciliated epithelium is unable to move them into the trachea.

If atelectasis does occur postoperatively, the bronchial obstruction should be removed as soon as possible; for from atelectasis that is allowed to exist for many hours, secondary pneumonitis or pulmonary suppuration is likely to develop. When ordinary measures such as inhalation of carbon dioxide and oxygen, frequent turning of the patient and coughing do not result in relieving the atelectasis, then it is necessary to resort to bronchoscopy.

Balanced Anesthesia

The reason for the use of a combination of anesthetic agents and methods is to avoid, as far as possible, having the patient respire a mixture low in oxygen content. When nitrous oxide-oxygen is used alone, a low oxygen percentage must be used. When the nitrous oxide-oxygen mixture is fortified with ether, the oxygen content can be considerably increased. With the combination of nitrous oxide-oxygen and ether, the burden of pain relief is borne by both of the anesthetic agents.

Local block or infiltration combined with one of the inhalation agents or with pentothal sodium will eliminate the psychic factor in certain individuals.

For abdominal surgery, and especially for surgery in the upper abdomen, several methods of combined or balanced anesthesia may be used,—abdominal block and cyclopropane or ethylene and oxygen, or spinal anesthesia and pentothal sodium and oxygen. Various blocks such as splanchnic, paravertebral and epidural may also be combined with pentothal sodium or with one of the inhalation agents. Most of these combinations

will produce adequate relaxation for surgery of the upper abdomen.

In cases where pentothal sodium is being used and the anesthesia is not adequate or the patient is requiring large amounts of pentothal, the addition of nitrous oxide and oxygen in a 50-50 or 60-40 mixture will balance the anesthesia so that the desired results may be achieved with safety.

Summary

Some of the more important problems in anesthesia have been discussed, such as preanesthetic medication, anoxia, atelectasis, and balanced anesthesia. A thorough knowledge of physiology and the pharmacological action of drugs will enable the anesthetist to prevent or to cope adequately with these problems when they arise.

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Beecher, H. A.: Physiology of Anesthesia, Oxford Medical Publications. University Press, New York.

Lundy, John S.: Clinical Anesthesia,
W. B. Saunders Co., Philadelphia.
Waters, Ralph W.: Anoxia: The Anesthetist's Point of View., J. A.
M. A., Vol. 115, No. 20, Nov. 16, 1940.

VINETHENE

RALPH W. CLARK, Ph.D.

More than a decade ago C. D. Leake and his co-workers, P. K. Knoefel and A. E. Guedel, while giving consideration to the chemical and pharmacological properties of ethylene and ether, suggested that a compound comprising the chemical characteristics of each would be an anesthetic agent worth studying. Upon their direct suggestion and request, R. T. Major of Princeton University and later of Merck & Co., Inc., with W. L. Ruigh of the same company, undertook the chemical preparation of pure divinyl ether, a project in which they were successful. This product was subjected to pharmacological and clinical trial in order to ascertain its advantages and disadvantages. Since this original research, many other clinical cases have been reported proving that vinethene, or divinyl ether, is an efficient inhalation anesthetic, particularly suitable for operations of short duration and for induction prior to ether anesthesia, and for supplementing nitrous oxide or ethylene anesthesia, in order to obtain greater relaxation and eliminate cyanosis.

Vinethene consists of about 96.5 per cent of pure vinyl ether (CH₂:CH)₂0, together with about 3.5 per cent of absolute alcohol and 0.01 per cent of an oxidation inhibitor. The alcohol is added to prevent freezing of moisture which accumulates on masks or in gas machines, due to the cold induced by the high volatility of vinyl ether. The oxidation inhibitor is increduced to offset rapid decomposition on exposure to light or air.

Vinethene is a clear, virtually colorless liquid with a faint purple fluorescence and a characteristic odor. It has a boiling point of 280 to

31° C. (82.4 to 87.8° F.). Because it decomposes when exposed to light or air, particularly in the presence of acid fumes, vinethene should be kept in tightly stoppered containers and stored in a cool, dark place.

If properly stored, as indicated, unopened bottles of vinethene will keep without deterioration for at least two years. The expiration date is printed on the label of each bottle. Since exposure to air may induce decomposition, vinethene should not be used for anesthesia after the container has been opened for more than twenty-four hours. However, recent laboratory tests and clinical experience indicate that vinethene, under ordinary precautions, remains stable for at least ten days after the container has been opened.

The salient features of vinethene include high potency and almost complete absence of any tendency to produce postanesthetic nausea or vomiting. Compared with ethyl ether, the anesthetic potency of vinethene is about 7:1. Induction with this agent is extremely rapid, the patient usually losing consciousness within one minute and surgical anesthesia being obtained in two to three minutes. With proper administration, induction not only is rapid, but also exceptionally smooth. During the second stage, breath-holding is occasionally encountered but, in general, evidence of any form of excitement is minimal. After short periods of anesthesia, in which vinethene has been used as the sole anesthetic agent, return to consciousness and complete orientation usually occur within two to four minutes. Recovery seldom is complicated by nausea or vomiting,

and the incidence of postoperative pulmonary sequelae is extraordinarily low. Should respiratory arrest occur during the course of anesthesia, cessation of administration of the anesthetic agent, establishment of a patent airway, and institution of artificial respiration, in conjunction with the administration of oxygen, bring about prompt recovery.

It cannot be emphasized too strongly that, owing to the rapidity of action of vinethene, the various stages of anesthesia pass in such quick succession that it is extremely difficult to detect the characteristic signs of any individual stage. Thus the handling of this anesthetic differs appreciably from the handling of ethyl ether and other less rapidly acting inhalation anesthetics. Of major importance is the fact that with this anesthetic the eye signs, usually depended on in anesthesia, are entirely unreliable except, perhaps, in the hands of those thoroughly experienced with vinethene. The most important signs in determining the depth of anesthesia are the rate, depth, and regularity of respiration. Respirations become more frequent and shallow during light and moderate anesthesia, and slow and irregular after an overdose. During normal surgical anesthesia, respirations are regular and full. As with other anesthetic agents, it is essential that a patent and free airway be maintained throughout the period of administration. Should respiratory arrest due to overdosage occur, it may be treated by stopping administration of the anesthetic and instituting artificial respiration, after first making certain that the airway is patent. These measures may be supplemented with intermittent inflation of the lungs with oxygen and use of the Trendelenburg position. Fortunately, owing to the rapid elimination of

vinethene, prompt recovery follows such measures.

Under no circumstances should the anesthetic be pushed, nor should cyanosis be permitted to occur.

In order to ensure, so far as possible, the safe use of vinethene, the agent is recommended only for operations lasting not more than a half hour.

Because of its volatility and the rapidity with which it is eliminated, vinethene must be administered more or less constantly for the entire period of anesthesia. In hot climates or at high altitude, the increased volatility of the anesthetic somewhat increases the mechanical difficulties of administration.

As with any other anesthetic agent, age, cardiovascular disease, renal insufficiency and degenerative conditions must be given due consideration as contraindications. Vinethene should not be employed in the presence of hepatic damage or multiple sclerosis.

Special caution should be observed with regard to the ambulatory patient. Following recovery from the administration of vinethene, the ambulatory patient should be kept under observation until he appears to be completely oriented and for a period of ten to fifteen minutes thereafter. Fortunately, orientation returns very rapidly.

Vinethene is inflammable to approximately the same degree as ethyl ether and is comparably explosive in combination with other gases. There should never be an open flame in the room when an inflammable anesthetic mixture is employed, nor should the cautery be used.

Respiration becomes more frequent and shallow during light and moderate anesthesia, full and regular during surgical anesthesia, and slow and irregular after an overdose of vinethene. However, due to rapid elimination from the system, the respiratory effects of overdosage can be reversed by withdrawal of the anesthetic and, if necessary, the application of artificial respiration. Since the heart continues to beat for some time after respiration has ceased, recovery may occur even after complete paralysis of respiration, if artificial respiration is maintained. In this respect, the safety of vinethene exceeds that of ethyl chloride, as with the latter anesthetic cardiac failure frequently precedes respiratory arrest

The blood pressure is not greatly altered during a vinethene anesthesia of moderate depth. During deep anesthesia there is a marked drop, comparable to that during an ethyl ether anesthesia of similar depth. The cardiac rhythm, however, remains regular even when the blood pressure is severely depressed.

A rhythmic, rolling motion of the eyeballs and horizontal nystagmus are frequently observed. These ocular movements may be noted especially during the induction and recovery periods, although they also may be present during the maintenance period. A fixed eyeball usually is indicative of deep anesthesia and may be regarded as a danger signal.

A slight increase in salivation may occur, but when the anesthetic is skilfully handled this is insignificant. Excessive salivation is quite infrequent if the induction is smooth with avoidance of irregular rate of administration. It can be prevented by preanesthetic medication with atropine.

Repeated and prolonged administration of vinethene has been shown to cause liver damage in dogs, most marked in those instances in which cyanosis has been allowed to occur during the administration. However, efforts to reproduce these effects in

rats and rabbits have not been successful. In the normal dog, prothrombin deficiency did not occur following one hour of vinethene anesthesia.

In clinical use, carefully administered vinethene anesthesia for periods up to one hour in duration have shown no demonstrable effect on the liver. This has been confirmed by bromsulphalein tests which showed little dye retention and, hence, practically no liver damage as measured by this test. In two series of several hundred vinethene anesthesias, limited to one-half hour and administered by the open drop method, no liver damage was observed. On the other hand, in a few instances in which vinethene has been administered well beyond the advised length of time, liver damage has been reported. If vinethene is administered with pure oxygen instead of with air, the possibility of liver damage is greatly reduced.

While vinethene has a potential toxicity for the liver, this is considerably less than that of chloroform. It is probable that liver damage can be prevented if the following precautions are observed: (1) Restrict the use of vinethene to anesthesias of not more than thirty minutes; if an operation exceeds that time, continue the anesthesia with some other agent; (2) never use vinethene in cases of known or suspected hepatic damage; (3) avoid cyanosis during administration.

Muscular relaxation obtained in vinethene anesthesia is comparable to that during ethyl ether and chloroform anesthesia, and greatly superior to that during nitrous oxide anesthesia. However, as with some other agents, coordinated running movements may occur in animals, especially dogs, even during deep anesthesia, but these usually are preventable by preanesthetic medication with mor-

phine or scopolamine. Clinically. movements of the extremities have been noted in the induction period, particularly in cases in which the anesthetic has been administered rapidly. In long vinethene anesthesia there have been reported rare instances of convulsions during maintenance, which appeared to be similar to those occasionally encountered under ethyl ether anesthesia. Postanesthetic convulsions are rarely seen. No serious effects from convulsions during vinethene anesthesia have been reported.

Vinethene is a convenient and rapidly acting inhalation anesthetic for short anesthesias. It may be administered by the open drop method or by the closed method, with or without the carbon dioxide absorption technique. Because of its high volatility, vinethene must be added continuously to the mask during induction and maintenance, when using the open drop method, in order to maintain an even concentration of the anesthetic vapor and thus promote a smooth anesthesia. This is in direct contrast to ethyl ether, in which a short interruption of administration is of much less consequence. For the same reason, the tip of the dropper should be kept one inch from the mask, in order to decrease the loss of vinethene by evaporation in the air before the drops reach the gauze. All of the vinethene should be vaporized on the mask and none allowed to touch the patient's face. As in all anesthesia, an unobstructed airway is of paramount importance.

Any mask suitable for open drop anesthesia may be used, covered either with a double thickness of stockinet or with eight to ten layers of coarse gauze. Gauze alone may be used in place of a mask. However, the use of gauze alone without a mask may result in skin burn from contact with gauze wet with vinethene. As with ethyl ether, the eyes should be protected with a wet cotton pad. When oral surgery is to be performed, the oral-nasal mask should be replaced by a nasal mask after the induction period and a throat pack inserted to prevent mouth breathing. It is, of course, essential in all cases to permit unobstructed breathing.

The tip of the metal cap on the vinethene container should not be removed. Slight adjustment of this cap will control the rate of flow. During administration, the tip of the cap should be held close to the mask to avoid undue evaporation in the air.

Induction with vinethene is rapid and should be kept uneventful; usually the patient loses consciousness within one minute. For a few seconds, allow the mask to fit loosely, and administer vinethene slowly to acquaint the patient with the odor and to overcome apprehension. Then increase to a rate of from 40 to 60 drops per minute for induction and, subsequently, decrease the rate to the patient's requirement for maintenance. Increased volatility, resulting from high altitude or hot climate, may necessitate a faster rate of administration. Changes in depth of anesthesia occur rapidly and skill is necessary to maintain an even level of anesthesia. The signs of vinethene anesthesia differ from the signs of anesthesia produced by other agents, and experience in the use of vinethene is required to obtain optimal results:

Rahway, N. J.

REPORT FROM HEADOUARTERS

ANNE M. CAMPBELL Executive Secretary

REPORT OF THE TRI-STATE ASSEMBLY OF NURSE ANESTHETISTS

A conference of anesthetists was held May 10-12, 1944, in Chicago in conjunction with the Tri-State Hospital Assembly. The opening meeting was called to order by Mae B. Cameron of Ravenswood Hospital, who then turned the meeting over to Ethel M. Moir of Detroit, President of the Michigan Association of Nurse Anesthetists. Greetings from the Tri-State Hospital Assembly were brought by Malcolm T. MacEachern, M.D., Chairman of the Tri-State Hospital Assembly, from the Illinois Association of Nurse Anesthetists by the President, Anna Willenborg, and from the American Association of Nurse Anesthetists by Anne M. Campbell, Executive Secretary.

Conrad R. Lam, M.D., from Henry Ford Hospital, Detroit, Michigan, gave a paper on "Refrigeration as the Anesthetic Agent in Amputation of the Lower Extremities." This was illustrated by motion pictures. Dr. Lam in speaking of the change in attitude regarding heat in cases of shock said that it was possible that harm had been done in the past by maintaining a high temperature and that the latest theory is that a comfortable temperature is best. Reduced temperatures are now being used in local operations and amputations.

Arno B. Luckhardt, M.D., Professor of Physiology at the University of Chicago, gave an illustrated talk entitled "An Adventure in Research," which was a brief history of his discovery of ethylene. Dr. William Crocker, plant physiologist at the University of Chicago, was approached by the Wisconsin carnation growers in 1908 with the request that he make a study to determine why healthy plants withered when brought to Chicago. Dr. Crocker suspected gas leaks in the greenhouse, since gas is noxious and toxic to carnations. Dr. Luckhardt then told of the many experiments he and his assistants conducted in an effort to solve the problem and how their findings prompted further research which eventually led to the discovery that ethylene would anesthetize. The animals recovered rapidly when the ethylene was withdrawn.

World War I interrupted research of this kind. In 1922 Dr. Luckhardt with the assistance of Dr. Bailey Carter resumed his research with the ethylene which was used for welding in the same way that acetylene is used. The commercial ethylene was not refined and they were not aware that it was highly explosive. They anesthetized each other, using crude devices and smoking cigarettes as they worked. At last they succeeded in persuading some Chicago doctors to come to their laboratory and observe the results of the gas on human beings. Subsequently Dr. Luckhardt was invited to anesthetize surgical patients at the Presbyterian Hospital. The results were so satisfactory that the gas is now one generally accepted for anesthesia.

Evelyn Buford of St. Mary's Hospital, Detroit, Michigan, read a paper

on "Ethyl Chloride in General Anesthesia," which was published in the May issue of the BULLETIN. Miss Buford stated that ethyl chloride has withstood the test of time, in spite of waves of popularity and disrepute. She stressed its value for short procedures and induction for open drop ether.

Julia Baines, dental anesthetist and newly elected President of the Illinois Association of Nurse Anesthetists, gave a paper on "Nitrous Oxide the Anesthetic of Choice in Dentistry." Mrs. Baines' paper was illustrated by motion pictures of her own cases.

Pauline Benn, President of the Indiana Association of Nurse Anesthetists, presided at the second session, held on Thursday, May 11. George J. Andros, M.D., from the University of Michigan Medical School, presented a paper on "The Nurse Anesthetist in Continuous Caudal Anesthesia in Obstetrics," illustrated by the latest film on "Caudal Anesthesia," shown through the courtesy of Eli Lilly Company. According to Dr. Andros this type of anesthesia is relatively safe and practical under proper conditions and in properly selected cases. The benefits to the mother and child are evident. There are 36,000 successful cases on record with only six deaths. Postgraduate courses are available for doctors and nurses. Complications rarely occur in well-cared-for procedure and with a well-trained person. Special care should be taken in regard to

- 1. Drop in blood pressure with vasodilation
- 2. Breakage of needle
- 3. Infection, particularly superficial skin infections
- 4. Intraspinal injection.

Capt. Edward B. Tuohy presented a paper on the use of whole blood and blood substitutes.

Charlotte L. Grams of Milwaukee presided at the final meeting on Friday, May 12, introducing A. H. Pember, M.D., F.A.C.S., of the Pember Nuzum Clinic, Janesville, Wisconsin, who spoke on "Anesthesia in the Surgery of Ophthalmology."

Esther E. Edwards of Wausau, Wisconsin, read a paper on "The Nurse Anesthetist Today and Tomorrow." She stated that because of the oversupply of nurses in the past the education of the nurse has been upgraded. Due to the war there is a great lack in personnel, especially of anesthetists.

Mary Lou Byrd, M.D., of Grand Rapids, Michigan, discussed the "Role of the Anesthetist in the Management of the Postoperative Period."

D. E. Clark, Ph.D., of Rahway, N. J., used motion pictures to illustrate his talk on vinethene and its advantages. This paper appears in this issue, pages 109 to 112.

Officers of the Tri-State Nurse Anesthetists for 1945

Chairman Mae B. Cameron, Ravenswood Hospital Chicago, Illinois

Vice Chairman Gladys Hoffman Calhoun, Englewood Hospital Chicago, Illinois

Sec. and Treas. Edith McGinley, Ravenswood Hospital Chicago, Illinois BOARD OF DIRECTORS WISCONSIN

President Mrs. Jessie Opdale, Mercy Hospital

Oshkosh, Wisconsin

Secretary Edna Ulbricht, Luther Hospital Beaver Dam, Wisconsin

INDIANA

President Pauline M. Benn, St. Joseph Hospital

Fort Wayne 2, Indiana

Sec. and Treas. Agnes M. Lange, 326 Arcadia Court

Fort Wayne 2, Indiana

MICHIGAN

President Ethel M. Moir, Henry Ford Hospital

Detroit, Michigan

Secretary Ione Wessinger, Henry Ford Hospital

Detroit, Michigan

ILLINOIS

President Julia Baines, 1096 Lee Street

Des Plaines, Illinois

Secretary Corinne C. Millen, Lutheran Deaconess Hospital

Chicago 47, Illinois

PUBLICITY FOR THE ASSOCIATION

Your attention is called to the letter from the American Association of Nurse Anesthetists which was published on page 594 of the June issue of the American Journal of Nursing. Copies of this letter were sent to all hospital superintendents on the complete mailing list of the American Hospital Association, with the request that it be posted. There has been an increase in the number of letters which make specific inquiries about Schools of Anesthesiology and what a candidate should consider when selecting a school. A number of these letters have mentioned the notice in the American Journal of Nursing.

Mrs. Marguerite Zapoleon, Labor Economist from the Women's Bureau, U. S. Department of Labor, Washington, D.C., called at the office on April 18 in connection with a study which is being made of the opportunities for women, especially as the war and its effects taper off. This study will include an outlook of the future in various occupations. Accompanying the study of the professional fields is a study of women engaged in war work and how many intend to carry on their work after the war is over.

The report, which will be published by the Women's Buzeau, should be of help in guiding young women in their choice of future occupation.

YOUR ASSOCIATION

A recently elected state president has drawn the attention of this office to her difficulty in getting members to serve on committees. Organizations such as our national and state associations must depend on volunteer service from their members. The national officers and members of the Board of

Trustees and many state officers have expressed the opinion that they have gained a great deal through working for the national or their state associations.

One member of the Board of Trustees says, "I have grown with the organization. Of course, it has taken time and effort, but I have been more than repaid in the experiences I have had."

If you are asked to serve on a committee will you not consider the possible benefits to you, as well as the difficulties of the person asking you to serve, before you refuse? If you have not been asked to serve and are willing to give time and effort for which you will be repaid in proportion to what you put into your committee work, why not let your president know of your willingness to further the work of your association through serving on committees, or wherever your talents or interests may lie? This is an excellent way to become acquainted with other members of the Association, and the Association needs the experience of its older members as well as the enthusiasm of the younger members. There is no age limit on service.

TO THE STATE SECRETARIES

When sending in your reports of state meetings, please include the date and place. The Executive Secretary is not familiar with abbreviations and will appreciate the use of full names rather than abbreviations which mean much to you but nothing to her. Please be specific in reporting on your speakers, giving their titles and the name and address of the hospital or organization with which they are connected.

ACTIVITIES OF STATE ASSOCIATIONS

COLORADO

President Mrs. Henrietta Moon

Presbyterian Hospital, Denver

Sec'y-Treas. Helen Tubbs

1666 Detroit, Denver

FLORIDA

The Florida Association of Nurse Anesthetists held its last meeting in Jacksonville. The following matters of business were discussed. Due to the fact that Florida has been holding its state meetings in the fall, the officers carry over unttil that time. Commencing in 1945 Florida plans to hold its annual meeting in conjunction with the Florida Hospital Association, so that in the future their state officers will be elected at approximately the same time as other state officers. It was voted to contribute five dollars annually to the Library Fund.

There were twelve present at the dinner and round table discussion concerning problems in anesthesia. Lt. Marion J. Saks of Hunter Field, Georgia, who will soon be a Captain, attended the dinner.



ALPHA E. SCHIER President

GEORGIA

The seventh annual convention of the Georgia Association of Nurse Anesthetists was held concurrently with the annual meeting of the Southeastern Hospital Conference on April 12 and 13, 1944, in Atlanta, Georgia. The meeting was held in the auditorium of the Sheffield Clinic building of the Georgia Baptist Hospital, with twenty-six members present.

The program included papers on "Sodium Pentothal Anesthesia" by Billie Caraway; "Endotracheal Anesthesia in Otorhinolaryngological Surgery" by Mildred Davis; and "Combined Local and General Anesthesia" by Myrtle Rogers. An interesting round table discussion was presided over by Grace M. Rapp, who kept the discussion lively and stimulating. A film in technicolor entitled "Anesthesia at Mt. Carmel Mercy Hospital" in Detroit, Michigan, was shown. This film was made by Esther Myers Stephenson, through whose courtesy it was obtained.

The social activities included a banquet and dance at the Ansley Hotel, where we were the guests of the Southeastern Hospital Conference, as well as a luncheon at the Capital City Club.

During the past year the anesthetists of Atlanta met monthly in the various hospitals or homes of the members. Since the place of meeting de-

pended upon the invitation of a member, the program was planned by the hostess. The Atlanta anesthetists have found that these meetings stimulate discussion of their common problems and keep them in touch with each other.

Officers elected:

President

Billie Caraway

Georgia Baptist Hospital, At-

lanta

Vice-President

Clyde Sturki

City Hospital, Columbus

Sec'y-Treasurer

Mildred Davis

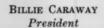
Georgia Baptist Hospital, At-

Trustees

Louise Wells

Jean Greear McGinty

Leola Vickers





MASSACHUSETTS

The annual meeting of the Massachusetts Association of Nurse Anesthetists was held at the Gardner House, Children's Hospital, Boston, on May 9, 1944. The meeting was called to order by Betty Lank, President. There were eighteen members present. The Treasurer's report showed a balance of \$110.10 in the treasury.

Mrs. Esther Stephenson suggested that there be a definite program regarding post-war problems. After considerable discussion the matter was laid on the table.

Miss MacRae read a letter from Lt. Marion Smith, who is somewhere in Africa, thanking the Association for her Christmas gift.

A letter was read from Mrs. Childress regarding a donation to the Library Fund. Because of the small amount of money in the treasury, it was decided not to do anything about the matter at the present time.

Officers elected:

President Elizabeth MacRae

Peter Bent Brigham Hospital, Boston 15

1st Vice-President Madeline Kent

14 Pierrepont Road, Newton Lower Falls 62

2nd Vice-President Myrtle Knott

N. E. Hospital for Women and Children

Roxbury 19

Sec'y-Treasurer

Mrs. Eva MacArthur

Free Hospital for Women, Brookline 46

Trustees

Rose B. Sbarra Velma Whitney

An interesting film on "Regional Anesthesia" was shown by a representative of the Winthrop Chemical Company. Refreshments were served at the close of the meeting.

ILLINOIS

The annual business meeting of the Illinois Association of Nurse Anesthetists was held on May 11 at the Palmer House, Chicago, following a meeting of the Tri-State Nurse Anesthetists Assembly. Officers elected are as follows:

Julia Baines, President of the Illinois State Association of Nurse Anesthetists, invited all members to a picnic on Sunday, June 25th, at her home, 1096 Lee Street, Des Plaines. Over twenty attended and there were notes from more than forty others which were posted so that all could read them. The guests played croquet, horse shoes and relay games as well as feeding the chickens and picking cherries. Cherries were not picked on shares—guests took those they picked home with them.

There were penalties for talking about anesthesia or weeds, and prizes for the games. Naturally there was a picnic supper. Rain checks were available and those who were unable to attend are welcome at any time.

President:

Julia T. Baines 1096 Lee Street, Des Plaines

2nd Vice-President

Mary Hickey South Shore Hospital, Chicago

Treasurer

Exire O'Day Ravenswood Hospital, Chicago

Trustee

Martha Pippereit (to fill the unexpired term of Nelle Vincent, resigned)

Trustee (3 years)
Anna Willenborg

Historian

Thelma Dorum St. Joseph's Hospital, Chicago



JULIA T. BAINES
President

During the last year there have been three general meetings and seven Board Meetings. One five-hundred-dollar-War Bond was purchased and two issues of the State Bulletin, ISANA, were published.

INDIANA

The eighth annual meeting of the Indiana Association of Nurse Anesthetists was held May 10 at the Palmer House, Chicago, in conjunction with the Tri-State Assembly of Nurse Anesthetists. Pauline Benn, the President, presided. Ten members and two guests were present. Officers elected were:

President

Pauline Benn St. Joseph's Hospital, Ft. Wayne

Vice-President

Sue C. Prince, Ball Mem'l Hospital, Muncie

Sec'y-Treasurer

Agnes M. Lange 326 Arcadia Court, Ft. Wayne

Trustee (3 years)

Irene Effinger

Trustee

Anna Vonderau (appointed to fill the unexpired term of Ruth Hane)

There are now twenty-five members of the Indiana Association.



PAULINE BENN President

MICHIGAN

Officers elected:

President

Ethel Moir

Henry Ford Hospital, Detroit 2

Sec'y-Treasurer

Ione Wessinger

2800 W. Grand Blvd., Detroit 2

MINNESOTA

The Minnesota Association of Nurse Anesthetists held its tenth annual meeting in conjunction with the Minnesota Hospital Association on May 14th at the St. Paul Hotel, St. Paul, Minnesota.

Palma Anderson, President of the Minnesota Association, presiding at the opening meeting, introduced Rev. L. B. Benson, who brought greetings from the Minnesota Hospital Association.

Harry B. Zimmerman, M.D., discussed the Surgeon's views on anesthesia. He admitted that he is afraid of anesthetics and feels that the anesthetic is the surgeon's responsibility. He spoke of the recent technical advances in the field due to discoveries which now make it possible to perform operations taking a longer time. He thinks the future medical anesthetist will find it difficult to get along without the nurse anesthetist.

Dr. Zimmerman feels that the more the nurse anesthetist makes an art of anesthesia, the better. She does not have the background to make a science of it and that is the province of the scientists and medical anesthesiologists. He stated that in his opinion the nurse anesthetist can give a smooth, easy and safe anesthetic.

"Curare in Anesthesia" was the title of the paper given by Joe W. Baird, M.D. He thinks curare promises to be one of the big things in anesthesia, from what is known of it to date. He has seen no bad effects from it. He sketched the history of the medicinal use of curare, the South American Indian poison, from 1938, when McGill organized an expedition to gather the crude drug. McGill was seeking a drug for the treatment of spastic diseases. The Squibb Company fostered the expedition and has developed curare as we know it today.

Bennett, a neurologist of Omaha, Nebraska, gave curare in 1940, as a preliminary to insulin shock. The drug had not been standardized, therefore the use of it was a matter of guesswork. He felt the patients did not have as violent convulsions following its use. He got the effect of metrazol shock without violent convulsions.

The Squibb Company approached Dr. Harold Griffith of Montreal, asking him to use curare in his operations. In 1940 Dr. Griffith published a series of twenty-five cases in which he had used it. Dr. Cullen of Iowa City then took it up and used it with enthusiasm. Dr. Griffith used it when relaxation was needed in "tough" situations, whereas Dr. Cullen used it routinely.

Curare in itself has no anesthetic properties and must be used with an anesthetic agent. Because of its flexibility cyclopropane is the anesthetic of choice in combination with curare. It is possible to "bring them up or put them down" and plenty of oxygen should always be available. The drug has no central action but interrupts nerve impulses at the myoneural junction, affecting the skeletal muscles in the following order—neck, extremities, abdomen, intercostal and diaphragm. Then comes apnea and respiratory paralysis. The action time is unknown but the muscles "come back in reverse order." The user must be prepared to combat the period of apnea. The ability of the anesthetist to give artificial respiration is important, if the drug is to be used. A gas machine should always be available.

Curare gives relaxation without putting the patient in deep anesthesia. The patient is kept "just asleep" in order to abolish pain. Three c.c. given intravenously acts within forty-five to sixty seconds. Relaxation is complete by the time the peritoneum is open. With curare there is no shock as in the deep stages of anesthesia. It is also beneficial when the surgeon wishes to close the abdomen.

Curare is not a cure-all and its use is never a substitute for ability. The first requisite is a good inhalation anesthesia. It may replace spinal anesthesia because it is possible to get as complete relaxation without any drop in blood pressure. Squibb's trade name for this product is "intocostrin."

Dr. M. W. Alberts of St. Joseph's Hospital, St. Paul, presented a paper on "Medical Care — The American Way" in which he stated that medicine is not primarily a science but a social service and every man is entitled to the best it has to offer. Dr. Ralph Knight from the University of Minnea-apolis discussed "Important Factors in Intravenous Anesthesia."

AUGUST 1944

At the afternoon session Dr. J. A. Heidbrink talking on "Development of Anesthesia Equipment" described his personal experiences as a dentist and as a patient, which led to his experimentation with and development of the Heidbrink gas machines.

Anne M. Campbell, Executive Secretary, talked about her travels in Denmark.

Rev. L. B. Benson presided at the Allied General Session on Tuesday afternoon. Papers were presented by members of the ten allied groups. Anne M. Campbell spoke on "Our National Organization" giving a brief resumé of the history of the organization, its aims, and objective.

The principal speaker at the annual convention banquet was Captain Paul Rush of Camp Savage, Minnesota. Captain Rush spent six months in a Japanese internment camp prior to his exchange and return on the Gripsholm at the same time Ambassador Grew returned. He warned that Japan does not know the meaning of the word defeat, that everything is sacrificed by civilians for the army. Civilians are living on a bare subsistence level and will live on sub-subsistence level, if necessary to win the war. Because of the philosophy of the Japanese, it will be necessary for us to carry the war to Japan and defeat them on their own territory.

Officers elected:

President	Ruth	Bergman

Northwestern Hospital, Minneapolis

Vice-President Ruth Walthers

General Hospital, Minneapolis

Secretary Ruth Kiely

St. Barnabas Hospital, Minneapolis

Treasurer Camilla Haug

Swedish Hospital, Minneapolis

Trustees Kathleen Cleary (1944-46) Sophie Mattson

Delegates to National

Convention in Cleveland:

Ruth Walthers Palma Anderson Alternates:

Grace Mirick
Ethel Willcutt
Florence McQuillen

MISSOURI

President Ann Cox

4405 W. Pine Blvd., St. Louis 8

Vice-President Mrs. Tommie Glenn

Deaconess Hospital, St. Louis

Sec'y-Treasurer Elaine Brandle

Missouri Baptist Hospital, St. Louis 8

NORTH CAROLINA

There are thirty-four active members in North Carolina. No meeting was held in the spring of 1944, due to the shortage of gasoline and the congestion in traveling. It is hoped that there will be a meeting in the fall. Addie F. Medlin is carrying on the work of President, Secretary and Treasurer with the help of a Membership Committee.

IOWA

The Iowa Association of Nurse Anesthetists held its fifth annual meeting in conjunction with the Iowa Hospital Association on April 20, at Fort Des Moines Hotel, Des Moines, Iowa.

Officers elected:

President

Louise Phillips 1200 Main Street, Dubuque

Vice-President

Alma Brandt

Deaconess Hospital, Marshall-

Treasurer

Verna Olmstead

Iowa Lutheran Hospital, Des Moines

Secretary

Lucile T. Catterson

515 High Ave., East, Oskaloosa

Historian

Louise Schwarting

Lutheran Hospital, Fort Dodge

Trustee (3 years)

Sr. Mary Pauline



Louise Phillips
President

The purchase of two War Bonds at one hundred dollars each was authorized. Marie Felber of University Hospital, Iowa City, gave an interesting paper on "Shock and the Use of Curare in Anesthesia."

UTAH

The last meeting of the Utah Association of Nurse Anesthetists was held at the Thomas D. Dee Memorial Hospital in Ogden, Utah. A supper was served by the hospital before the meeting, at which Dr. Scott Smith presented a paper on "Curare." Since Dr. Smith has used intocostrin with good results, he was able to present his own conclusions in regard to its use. A short business meeting followed the talk.

A meeting of the Board of Trustees was held June 5th at the Latter Day Saints Hospital, Salt Lake City. The letter from the Texas Association concerning the proposed eventual National Examination for Certification and Registration of Anesthetists was discussed. The trustees felt that the Certification Program should be put into effect without delay. A letter to this effect was sent to the Texas Association.

The National Library Membership was also discussed and it was decided to withhold participation for the present. One factor in this was the distance between the states.

NEW JERSEY

At the business meeting of the New Jersey Hospital Association held May 11, 1944, the New Jersey Association of Nurse Anesthetists was admitted as an affiliate body.

Officers elected:

President

Mrs. Helen F. White 201 Lyons Ave., Newark

Vice-President

M. Catherine Horne St. Francis Hospital, Trenton

Sec'y-Treasurer

Mrs. Dorothy Ball 157 N. 10th St., Highland Park

Historian

Ruth E. Strom

Board of Trustees

Mrs. Frances M. Alburger, 1942-1946 Martha E. Lowery, 1940-44

Mrs. Leona D. Woram, 1943-47 Bertha M. Lutz, 1941-45



MRS. HELEN F. WHITE
President

OKLAHOMA

President Mary Gough

Wesley Hospital, Oklahoma City

Sec'y-Treasurer Mrs. Halloween Walker Bertram

Wesley Hospital, Oklahoma City

OREGON

Dr. Rippy of Portland Sanitarium gave an interesting talk at the March meeting. His subject, "Caudal Anesthesia for Labor and Delivery," was illustrated by moving pictures.

Officers elected:

President Ruth Schierman

911 S.F. 60th Street, Portland

1st Vice-President Esther Saunders

2282 N.W. Northrop, Portland

2nd Vice-President Margaret Giddings

606 Medical Arts Building, Portland

Secretary Mary Davis

Good Samaritan Hospital, Portland

Treasurer

Josephine Bunch

4030 S.W. Condor, Portland

Historian

Sr. Agnes

Trustee

(1 year) (2 year) Hazel Wilhelm Mabel McElligott

NEW YORK

President

Pauline Zawistowski Long Island College Hospital, Brooklyn

Secretary

Ann Buckley Boulevard Hospital, Long Island City 3

Treasurer

Martha Glenn 108 So. Village Ave., Rockville Center



PAULINE ZAWISTOWSKI
President

TENNESSEE

The Tennessee Association held no annual meeting. As was stated before, the meetings have been cancelled for the duration of the war. Two vacancies on the Board of Trustees were filled by the President, who appointed Alice Sims to act as Historian in place of Betty Gilmore, who married and left the state. A Trustee was appointed to fill the vacancy left by Dorothy Daffin, transferred to California.

Report of Secretary

Members	in good standing June 1, 1944	83
Members	delinquent	4
Members	transferred to Tennessee	6
Members	transferred from Tennessee	8
New men	nbers	8
Members	in the Armed Forces	12

Report of Treasurer

Bank balance June 1, 1944			\$519.24	
\$500 in U. S. War Bonds,	Series	"F,"	payable	
May 1, 1955, cost \$370.			7	

A note from Lelia Dill of Nashville, from Italy: "We have a lovely little hospital in Italy, a beautiful building in a nice location. We keep seven anesthetists busy. I am the Chief Anesthetist here and at present have two students, one nurse and one corpsman. We use sodium pentothal mostly and like it very much. However, we do not have a great deal of endotracheal ether and pentothal inductions. We have three portable Heidbrink machines and plenty of oxygen tanks with the B.L.B. masks and Forreger Endo Sets. We enjoy the Bulletin when it arrives."

ALABAMA

The annual meeting of the Alabama Association of Nurse Anesthetists was held on June 28th, 1944, in the Green Room, Hotel Thomas Jefferson, Birmingham. Mrs. Elsie Owens Long, the President, presided.

Following a dinner, Major John Graham of the Birmingham Air Base, Birmingham, Alabama, spoke on "The Treatment of Shock." He also discussed the type of anesthesia used in war surgery.

It was voted to contribute annually to the proposed lending library for nurse anesthetists.

Officers elected:

President

Mrs. Edith Beeman Allen T. C. I. Hospital, Fairfield

Vice-President
Louise Cooke
Jefferson Hospital, Birmingham

Secretary

Mrs. Ima McKenzie Hicks 1107 So. 20th St., Birmingham

Treasurer Sadie Ruth Gittleman Hillman Hospital, Birmingham



ALABAMA ANESTHETISTS

WASHINGTON

The Washington State Association of Nurse Anesthetists held its sixth annual meeting on April 19, 1944, at Providence Hospital, Everett, Washington. Twenty-six members answered roll call. A paper entitled "The Nurse Anesthetist in Relation to the Hospital" was presented by the secretary at a joint session of our Association with the Washington Hospital Association. Members were guests of the Hospital Association at a most delightful luncheon and supper. A particularly interesting feature of the meeting was an address on "Aviation Medicine" by Col. Wessels of Paine Field. Extensive discussion and questions followed this very instructive paper.

The Washington Association of Nurse Anesthetists is publishing a bulletin which has met with a great deal of interest and enthusiasm. There was much interest in the "Certification" question and Washington is for it one hundred per cent.

By unanimous vote it was decided to retain the following officers for another year:

President

Sylvia M. Chapman 814 Medical and Dental Bldg., Seattle

Vice-President

Agnes E. Presnell Newport Community Hospital Newport

Secretary

Marguerite Layton 18005 Victory Way, Seattle 55

Treasurer

Marcella A. Wilhelmy 2002 North Division St., Spokane

Directors

June C. Roberts Marianne McEachren



SYLVIA M. CHAPMAN
President

The president, Sylvia Chapman, was elected official delegate to the twelfth annual meeting of the American Association to be held in Cleveland.

WISCONSIN

The annual meeting of the Wisconsin Association of Nurse Anesthetists was held in conjunction with the Tri-State Assembly at Chicago, Illinois, May 11, 1944. The meeting was called to order by Mabel Johnson of Sheboygan, President. Minutes of the previous meeting were read and accepted.

Reports from the Treasurer, the Librarian, the Nominating Committee, and the Membership Committee were read.

Esther Edwards made a motion that the Wisconsin Association of Nurse Anesthetists go on record as not contributing to a library of anesthesia literature to be founded, and that a resolution to that effect be sent to the people promoting it, also that a copy of the resolution be sent to the Chairman of the Tri-State Anesthesia Assembly. Motion carried.

It was voted that the \$2.00 Wisconsin State Association fee be suspended for members in the armed forces.

Officers elected:

President	Mrs. Jessie Opdale	
	Mercy Hosp. Oshkosh	AND COMMENTS
1st Vice President	Marie Kraft	100
	Methodist Hospital,	A 199
	Madison	.0
2nd Vice President	Leona Bridenhagen	
	Bellin Mem' Hospital, Green Bay	
Treasurer	Charlotte Grams	16 × 18 18 18 18 18 18 18 18 18 18 18 18 18
	Children's Hospital,	and a second in the second in
	Milwaukee	MRS. JESSIE OPDALE
Secretary	Edna Ulbricht	President
	Lutheran Hospital,	1 resident
	Beaver Dam	

Deaver Dam			
RGINIA			
Report of the Secretary			
Total members, May 1, 1944		58	
Total members in service		9	
Total delinquent members		5	
New applications approved		7	
Applications rejected		4	
Transferred from other states		7	
Transferred to other states		2	
Report of the Treasurer			
In bank May 1, 1943		\$400.00	
Total deposits May 1, 1944		360.75	
Dues transferred to American Ass'n	of		
Nurse Anesthetists		211.25	
Paid to Trust Fund		.90	
Stamps		10.00	
Stationery		15.55	
Typing		3.00	
Balance in bank May 1, 1944		520.05	

Through Mrs. Wilhelmina Gulotta, President of the Nebraska Association, Mrs. Ethel Gilmore Bardin, long a patient at Lincoln General Hospital, has expressed her heartfelt thanks to all who have sent her friendly and cheering messages.

TO THE MEMBERS OF THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

Due to the ill health of your President, Mrs. Rosalie McDonald, and subsequent resignation, the Vice-President took over the duties of this office on February 1st, 1944. Since that time the Board has held two meetings and the Executive Committee one meeting in a supreme effort to promote the work for which it is responsible.

A few of the problems and policies which must be decided by your voice and vote as a member of this organization are: revision of the by-laws, examination program for the admission of applicants to membership, postwar planning, standardization of schools, and training of instructors.

As members of this Association, your chairman makes on behalf of the Board of Trustees, an appeal to every member, who can possibly be spared from her heavy duties, to attend the annual meeting, October 2 to 6 in Cleveland. The hospitals throughout the country are aware of the need for the services of the nurse anesthetist and they will, without doubt, cooperate in sending the members to this meeting so that you can be instrumental in helping the Association provide even greater assistance to your respective hospitals.

You can materially expedite the business of the Association if you will make individual preparation in the following ways:

- . (1) All members to study carefully the revised by-laws as printed in this issue and bring them to the meeting with any parts underscored which you would like to have discussed.
- (2) All chairmen of committees to make plans to meet with the chairman of the Board. The time to be announced later.
- (3) All directors of schools and teachers to attend the instructors' session, for the development of the educational program is of vital importance.
- (4) All members to cast their vote for the officers who will serve them in the coming year.

Unless the Office of Transportation prohibits and forces the cancellation of fall organizational meetings, this chairman hopes to have the opportunity of greeting the greatest number of members ever registered at an annual meeting.

HAZEL BLANCHARD, Acting Chairman Board of Trustees

June 20, 1944

Miss Hazel Blanchard Samaritan Hospital Troy, N. Y.

Dear Miss Blanchard:

I hope this letter reaches you in time for you to present the contents to the members of the Board at the meeting in New York Sunday.

Upon the advice of my physician I request that you fill my unexpired term of office as President of the American Association of Nurse Anesthetists. Also, I shall be unable to serve as a member of the Board of Trustees follow-

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ing the expiration of my term of office as President. I regret that I shall not be able to attend the annual convention in Cleveland in October.

I greatly appreciate your taking over my duties and think you are doing a much better job than I could have done. I hope that you will have a successful Board meeting in New York and that the convention in Cleveland will be the best one ever.

I shall send the President's file to you as soon as I hear from you. With kind regards, I am,

Sincerely yours,
ROSALIE MCBONALD

Emory University Hospital Wesley Memorial Hospital Emory University, Ga.

ANESTHETIST WANTED

The West Penn Hospital, Pittsburgh, needs anesthetists. Application with references, full information regarding training in anesthesia, and a recent photograph, should be addressed to the Director of Anesthesia, Dr. Henry L. Klein.

In Alemoriam

Miss Maude M. Fleming, of Raleigh, North Carolina, resigned from her position at Norfolk General Hospital, Norfolk, Virginia, in 1934, because of failing health, and died January 28, 1944, at Rex Hospital, Raleigh. Miss Fleming had been an active member of the American Association of Nurse Anesthetists since 1933.

Miss Eunice Lynch, of Ossining Hospital, Ossining, N. Y., died on July 9, 1944. Miss Lynch had been a member of the New York and American Associations of Nurse Anesthetists since 1939.

COMMITTEES

Program

Fife, Gertrude, Chairman Allwein, Aida B. Adams, Lou E. Momeyer, Myrn E.

Arrangements

Fife, Gertrude, Chairman
Richards, Lucy, Banquet
Van Arsdale, Myra, Hospitality
Dickerson, Ann, Registration
Kocklauner, Frances
Tea to be given by Alumnae of
Univ. Hospitals School of Anesthesia

Curriculum

Webb, Alma, Chairman Engum, Eletta Holmes, Edith Helen

Education

Lamb, Helen, Chairman Shupp, Miriam McMahon, Janet

Finance

Fife, Gertrude, Chairman Momeyer, Myrn Walker, Marjory

Membership

Richards, Lucy, Chairman Momeyer, Myrn Van Arsdale, Myra

Nominating

Baird, Lillian, Chairman Ball, Dorothy Smith, Louise

Publication

Fife, Gertrude, Chairman Aberg, Harriet Nesbit, Katharine King

Public Relations

Donovan, Rose, Chairman Blanchard, Hazel Salomon, Hilda

Revisions

Walker, Helen Young, Chairman Suter, Madeline Hammond, Theresa

Trust Fund

Rice, Verna, Chairman Fife, Gertrude

Library

Childress, Mrs. Jack, Chairman O'Day, Exire Fink, Jewelle Wessinger, Ione

Exam-Reg-Program

Shupp, Miriam, Chairman Lamb, Helen Fife, Gertrude

Anesthesia Records

Sullivan, Margaret, Chairman Scanlon, Ann Foley, Virginia

Educational Exhibit Committee

Stevenson, Esther Myers Sister LaSalette Snively, Mary Carraway, Billie McCue, Mary Ellen

Historian

Priester, Ann

Approve Minutes

Holmes, Edith-Helen, Chairman Willenborg, Ann Blanchard, Hazel

PROPOSED BY-LAWS

ARTICLE I

MEMBERSHIP

Section 1. Membership classification

Membership in the Association shall consist of three classes—Active Members, Inactive Members and Honorary Members.

Section 2. Eligibility requirements for an Active Member

Any woman may be eligible as an Active Member of the Association who fulfills requirements A, B and C as follows:

A. General.

- 1. Graduation from an accredited high school or its equivalent.
- 2. Graduation from an accredited school of nursing.
 - 3. State registration.
- 4. Annual renewal of registration if so required in the state in which she is registered.
- 5. Good moral and ethical standing in the projection.
 - B. Special training in Anesthesiology. (Applicant should fulfill one of the three following requirements:
- 1. Graduation from a school of anesthesiology giving an organized course of not less than six months' duration and otherwise meeting the standards of the Association.
- 2. Graduation from a school of anesthesiology prior to 1939 which gave an organized course of four to six months' duration.
- 3. Administration of anesthetics for six years continuously immediately prior to 1939, in hospitals approved by the American College of Surgeons, and administration of anesthetics continuously since 1939 in hospitals approved by the American College of Surgeons.

C. Examination.

Successful passing of a qualifying examination as set by the Board of Trustees of the Association.

Section 3. Inactive Members

A. Inactive membership may be granted to Active Members not actively employed in anesthesiology. Application for transfer to inactive

membership shall be made to the Executive Secretary on a form provided by the Association and shall be accompanied by a statement signed by two Active Members certifying that the applicant is not actively employed in anesthesiology. Applications for renewal of inactive membership shall be made annually and shall be accompanied by a statement signed by two Active Members certifying that the applicant is not actively employed in anesthesiology. The approval of all applications for inactive membership and for renewal of inactive membership shall rest with the Credentials Committee.

- B. An Inactive Member may resume her status as an Active Member by payment of current dues for an Active Member.
- C. An Inactive Member shall retain all the rights and privileges of an Active Member.

Section 4. Honorary Members

Honorary membership may be conferred by a unanimous vote of the voting body, at any Annual Meeting, on persons who have rendered distinguished service in Anesthesiology or to the American Association of Nurse Anesthetists, the names having been recommended by the Board of Trustees. Members of the American Association of Nurse Anesthetists elected to an honorary office or membership shall have all the rights and privileges of the Association but shall be exempt from payment of dues. Non-Members elected to an honorary office or membership shall have all the rights and privileges of the Association, except that they shall not be entitled to hold office or vote and shall be exempt from the payment of dues.

Section5. Application Procedures.

- A. In unorganized states, candidates for membership shall make application through the Executive Secretary of the Association on forms provided by the American Association of Nurse Anesthetists.
- B. In organized states, candidates for membership shall make application through the secretary or secretary-treasurer of the state association on forms provided by the American Association of Nurse Anesthetists.

The state credentials committee shall make a preliminary investigation of candidates and shall forward the application together with the committee's recommendations to the Executive Secretary of this Association.

C. All applications shall be referred by the Executive Secretary to the Credentials Committee of the Association. This Committee shall carefully investigate and consider the professional and personal qualifications of each applicant. Upon the findings of this Committee the applicants shall be approved or rejected for examination.

D. All candidates for membership shall be notified of the decision of the Credentials Committee by the Executive Secretary of the Association.

Section 6. Re-application and reinstatement

A. An Active or Inactive Member dropped for non-payment of dues may be re-instated to membership during the fiscal year (September 1 to August 31 inclusive) in which membership lapsed by payment of current dues plus a penalty fee of three dollars (\$3.00).

B. A member dropped for nonpayment of dues may be re-admitted to membership after this period only as a new applicant in accordance with current membership eligibility requirements.

C. A member, once resigned, may be readmitted to membership after the fiscal year in which she resigned only as a new applicant in accordance with current membership eligibility requirements.

ARTICLE II

GEOGRAPHICAL ORGANIZATION

Section 1. State Associations

Members so located as to permit state meetings and group participation in the Association may organize as state associations and upon approval of the Board of Trustees become affiliated state associations. Only members employed or living within the state shall be eligible for membership in any such state association. State associations desiring to become affiliated shall make application on the form provided by the Board of Trustees of this Association.

The application shall be submitted to the Board of Trustees after it has been executed pursuant to the affirmative vote of a majority of the members entitled to vote in such state association at a meeting called for this purpose.

The application, with a copy of the state constitution and by-laws, shall be sent to the Executive Secretary of the American Association of Nurse Anesthetists.

The state association shall agree to accept, without reservation, the requirements of the By-laws of the American Association of Nurse Anesthetists and to cooperate fully with this Association in the purposes for which it was formed.

The state association shall pay into the Treasury of the American Association of Nurse Anesthetists annual dues in the amount as specified under Article IX, Section I for every member appearing on its roll during the time that such state association is affiliated with the Association.

In no event shall the American Association of Nurse Anesthetists be liable for debts or obligations, of any kind whatsoever, incurred by any state association which is affiliated with this Association, except such obligations as may be expressly entered into and authorized by the Board of Trustees of this Association.

Any affiliated state association which fails to comply with the Bylaws and Standing Rules of the American Association of Nurse Anesthetists shall be dropped as an affiliate by the unanimous vote of the Board of Trustees, provided that due notice to comply has been given at least three months before the vote is taken and that during this time, said association has failed to act in accordance with these requirements.

Section 2. Duties of State Association

Affiliated state associations shall send to the Executive Secretary of this Association the names and addresses of all officers and committee chairmen immediately after their election or appointment; shall adopt and keep in force by-laws consistent with the by-laws of this Association and shall refrain from adopting any changes or modifications in its by-laws without first obtaining the written approval of the Committee on Re-

vision of this Association and shall keep on file with this Association, at all times, a complete and up-to-date copy of its constitution and by-laws; shall comply with all the provisions of the By-Laws of the American Association of Nurse Anesthetists; and shall report to the Board of Trustees of this Association when and as requested.

Section 3. Transfers

A member who changes the location of her employment from any state to another in which there is an affiliated association shall be eligible to membership in the state association of her new location.

Section 4. Unorganized States

States where members are too widely separated geographically and too few in number to permit group meetings and group participation in the Association shall be known as unorganized states.

Section 5. Assemblies

State organizations and members in unorganized states may join together for common meetings and promotion of common interests. These groups shall be known as Assemblies and shall, insofar as possible, conform to the groupings of the American Hospital Association.

Any group of states wishing to form an Assembly shall make application to the Board of Trustees of this Association, such application to be signed by a representative from each state comprising the Assembly.

Each Assembly shall elect a Chairman and such other officers as shall be necessary to meet the requirements of the Assembly; shall raise necessary funds for its own use; shall have no financial obligation to the American Association of Nurse Anesthetists; and shall be governed by Standing Rules only.

ARTICLE III

DONORS AND BENEFACTORS

Contributors to the Association of sums not less than one hundred dollars (\$100.00) shall be known as Donors, and contributors of five hundred dollars (\$500.00) or more shall be known as Benefactors.

The names of all contributors shall be recorded in the annals and history of the American Association of Nurse Anesthetists.

ARTICLE IV

GOVERNING BODIES

Section 1. Board of Trustees

A. How constituted.

There shall be a Board of Trustees which shall consist of the President, First Vice-President, Second Vice-President, together with six (6) members of the Association. The President shall be the Chairman of the Board of Trustees.

B. Election of Trustees.

The election of Trustees shall take place at the Annual Meeting. With the exception of the President, First Vice-President and Second Vice-President, the members of the Board of Trustees shall serve for a term of three years each.

No member of the Association shall serve as Trustee for more than two terms of office consecutively or be re-elected or appointed until after a lapse of one year following completion of two consecutive terms.

C. Duties and Powers.

The Board of Trustees shall function as the responsible body of the Association. By virtue of the power herein delegated to it by the membership it shall be responsible for administering the affairs of the Association, transacting of general business, policy making, program planning; for adopting the Budget, managing the funds and properties of the Association, authorizing the expenditure and providing for an annual audit of the Association's accounts by a certified public accountant; for presenting to the membership at the Annual Meet-ing a report of the business transacted during the year; for presenting to the membership a ballot for elections and providing for election procedures; for passing upon applications of state associations desiring affiliation with the Association; for establishing rules and procedures for the committees and for the discipline of members of the committees; for determining matters of policy concerning the curriculum and general setup for the schools of anesthesiology; for appointing members to fill vacancies in its own membership or among

the Officers of the Association for the unexpired term of office; for voting upon, by mail, all matters that require action by the Board of Trustees between its meetings after notice of proposed action is sent to each member of the Board of Trustees; for appointing an Executive Secretary, defining her duties, fixing her compensation and removing said Executive Secretary for reason; for appointing an Historian, presenting at the Annual Meeting a written history of the current year, and preserving these records in the archives of the Association; for keeping the membership informed of current needs and trends in the field of anesthesiology and directing the program accordingly to the end that the purposes and goals of the Association shall be furthered.

D. Meetings and Quorum.

- 1. Regular meetings of the Board of Trustees shall be held immediately preceding and immediately following each Annual Meeting.
- 2. Special meetings of the Board of Trustees may be called by the President, at such times as the business of the Association may require, or upon written request of five (5) members of the Board of Trustees. Notices of special meetings shall state the purpose for which they are called.
- 3. A majority of the members of the Board of Trustees shall constitute a quorum.

Section 2. Executive Committee

A. How Constituted.

There shall be an Executive Committee consisting of the President, the First Vice-President and two other members of the Board of Trustees appointed by the Board of Trustees at the Annual Meeting. The President shall serve as Chairman.

B. Duties.

The Executive Committee shall act between meetings of the Board of Trustees. It shall serve in an advisory capacity to the President and the Executive Secretary and shall carry out such responsibilities as may be delegated to it from time to time by the Board of Trustees. No action taken by the Executive Committee shall be effective unless ratified by the Board of Trustees.

C. Meetings and Quorum.

1. The Executive Committee shall hold a meeting at least twice during the year and at such other times as the developments and needs of the Association indicate.

2. A majority of the Committee shall constitute a quorum.

ARTICLE V OFFICERS

Section 1. List of Officers

The Officers of this Association shall be a President, First Vice-President, Second Vice-President and Treasurer.

Section 2. Terms of Office

- A. The President, First Vice-President and Second Vice-President shall be elected for a term of one year and shall be eligible for one immediate re-election.
- B. The Treasurer shall be elected for a term of one year and shall be eligible for re-election.

Section 3. Eligibility

- A. No member shall be eligible for the office of President who has not served on the Board of Trustees for at least one (1) year.
- B. No member shall hold office in the American Association of Nurse Anesthetists and at the same time hold office in a state association.

Section 4. Duties

A. The President shall preside at the Annual Business Meeting of the membership, at all meetings of the Board of Trustees and Executive Committee; shall with the approval of the Board of Trustees, appoint all standing and special committees unless otherwise specified in these Bylaws and be a member ex-officio of all committees except the Committee on Nomination; shall authorize the at-tendance of the Treasurer at any meetings of the Board of Trustees and of the Executive Committee as the needs of the Association indicate, the expenses of the Treasurer to be paid by the Association; shall countersign all checks; shall prepare and read at each Annual Meeting and at the Pre-convention meeting of the Board of Trustees a condensed narrative report of the work of the year; shall perform all other acts and du-ties of a general nature as may be

incident to her office and as may be from time to time required of her by the Board of Trustees.

B. The First Vice-President shall perform all the duties of the President in the event of the President's absence, disability, resignation, removal from office or death.

C. The Second Vice-President shall perform all the duties of the President in the event of the President's and First Vice-President's absence, disability, resignation, removal from office or death.

D. The Treasurer shall collect and receive all monies of the Association, pay all bills and disburse funds as directed by the Board of Trustees; shall deposit funds in banks designated by the Board of Trustees; shall be bonded for such a sum as the Board of Trustees shall direct, the expenses of same to be paid by the Association; shall notify delinquent members in unorganized states and keep the Executive Secretary formed regarding delinquent members; shall have an audit of the books made by a certified public accountant at the end of each fiscal year; shall report the financial standing of the Association to the Board of Trustees and to the membership at each Annual Meeting and to the Board of Trustees upon request; shall be subject to attendance at any meetings of the Board of Trustees and Executive Committee at the call of the President, the Treasurer's expenses to be paid by the Association; shall per-form all such other and further duties as may be required of her by the President or the Board of Trustees; shall deliver all monies, property and rights of the Association in her hands at the expiration of her term of office to her successor or to the President.

ARTICLE VI The Council

Section 1. Organization

The Officers, members of the Board of Trustees, Executive Secretary and members of the standing committees of the Association, and officers and members of standing committees of the affiliated state associations shall constitute the Council.

Section 2. Purpose

The purpose of the Council shall be to afford an opportunity to those who are responsible for administering the affairs of the Association and the affiliated state associations to come together to report on activities, to discuss problems and to promote the interests of the Association.

Section 3. Meetings

A meeting of the Council shall be held in connection with each Annual Meeting as designated on the program and at such other times during each Annual Meeting as shall be determined by the Board of Trustees.

ARTICLE VII PROFESSIONAL STAFF

There shall be a professional staff consisting of an Executive Secretary appointed by and responsible to the Board of Trustees and such other personnel as may be authorized by the Board of Trustees.

ARTICLE VIII COMMITTEES

Section 1. Classification and General Regulations

The Committees of the Association shall be classified as Standing and Special Committees. There shall be the following Standing Committees of at least three (3) members each unless otherwise specified in these Bylaws: Convention Arrangements, Credentials, Curriculum, Education, Education Exhibit, Examination, Finance, Nominating, Program, Publication, Public Relations, Revisions, Trust Fund and such Special Committees as may from time to time be authorized by the Board of Trustees. All Committees except the Committee on Nominations and the Committee on Examinations shall be appointed by the President subject to the approval of the Board of Trustees.

Members of Standing Committees shall be appointed to serve for a term of three (3) years and until their successors are appointed.

Members of Special Committees shall be appointed to serve until the work is completed for which the Committee was created.

All committees shall be under the control of the Board of Trustees. Rules and regulations shall be devised by the Board of Trustees for all Committees.

The chairman of each committee shall send to the President and to the

Executive Secretary, copies of all important letters sent out and other matters transacted by these chairmen, which are to be presentd to the Board of Trustees if the President deems it necessary. The chairman of each committee shall be responsible for rendering a quarterly report to the Board of Trustees and a full report of the activities of the year to the Board of Trustees at its pre-convention meeting, and to the members at the Annual Business Meeting. A special report of the activities of any one committee shall be made by the chairman upon request of the President.

Any member of a committee who fails to fulfill the duties assigned to her shall be liable to dismissal from that committee upon the approval of the majority of the Board of Trustees. When vacancies occur in committees between Annual Meetings, the President shall, subject to the approval of the Board of Trustees, appoint members to fill the vacancies.

The retiring chairman of each committee shall, within one month after the expiration of her term of office, deliver to her successor all papers necessary to carry on the function of this committee.

Section 2. Committee on Convention Arrangements

The Committee on Convention Arrangements shall make all local arrangements for the Annual Meeting, the Chairman to be a resident of the city in which the Annual Meeting shall be held.

Section 3. Committee on Credentials

The Committee on Credentials shall determine the eligibility of the applicants for examination and eligibility of applicants for inactive or for renewal of inactive membership and make its recommendations and notify the Executive Secretary of the Association of its decisions. When error or misrepresentation occurs, the Committee shall, subject to the approval of the Board of Trustees, have the power to rescind its action relating to the status of any applicant or member

Section 4. Committee on Curriculum

The Committee on Curriculum shall in collaboration with the Committee

on Education, prepare, present and revise, subject to the approval of the Board of Trustees, the curriculum recommended for the schools of anesthesiology for nurses.

Section 5. Committee on Education

The Committee on Education shall consist of not less than six (6) members. This Committee shall be responsible for developing and furthering educational facilities in keeping with changing needs and trends in the field. It shall formulate standdards in education for nurse anesthetists and shall in collaboration with the Committee on Curriculum recommend to the Board of Trustees for approval the Curriculum that meets these standards. It shall further be responsible for the Educational Department in the Bulletin.

The Chairman of the Committee on Curriculum and the Chairman of the Committee on Educational Exhibits shall serve as members of this Commitee, but neither shall serve as its chairman.

The Chairman of the Committee on Examinations shall be an ex-officio member of this Committee.

Section 6. Committee on Educational Exhibits

The Committee on Educational Exhibits shall be responsible for all educational exhibits. The Chairman of the Committee on Education shall serve as a member of this Committee but not as its chairman.

Section 7. Committee on Examinations

The Committee on Examinations shall be composed of five members appointed by the Board of Trustees. This Committee shall prepare for each examination to be held, a master set of examination questions (written, oral and practical) with instructions, and shall grade the papers of the examinees.

Section 8. Committee on Finance

The Committee on Finance shall be composed of the Treasurer and at least two other members and shall be responsible for long range planning of the financial structure of the Association and for the preparation of the annual budget. The Chairman shall be chosen by the Board of Trustees.

Section 9. Committee on Nominations

The Committee on Nominations shall be composed of five members appointed by the Board of Trustees. This Committee shall prepare a ballot for each Annual Meeting consising of the names of one or more members for each office who are qualified to hold office and who have consented to serve if elected to the office for which they have been nominated.

On or before each January 1 preceding the Annual Meeting, the Committee shall issue to each affiliated state association a form on which the state association shall submit the name of one nominee for each office to be filled. This form shall be signed by the president or the secretary of the state association and be returned to the Committee by May 1 preceding the Annual meeting. On May 1 of each year the Committee shall prepare the ballot from the list of names submitted, or if the nominees whose names are so listed do not meet the necessary qualifications, the Commit-tee shall have power to substitute names of nominees with proper qualification. The final draft of the ballot shall be sent to the Board of Trustees through the Chairman not later than May 15 of each year, and such draft, after study, shall be returned by the Chairman of the Board to the Chairman of the Committee. Committee shall then contact these members for their consent to serve if elected.

Section 10. The Committee on Program

The Committee on Program shall, in conference with the President and Executive Secretary and with the approval of the Board of Trustees, prepare a complete program for the Annual Meeting.

The Committee shall submit a draft of the program to the Executive Secretary by May 15. The Executive Secretary shall send to the Chairman of the Publishing Committee a copy of the official program at least thirty (30) days before issue of the August Bulletin.

Section 11. The Committee on Publications

The Committee on Publications shall cause to be published, subject to the approval of the Board of Trus-

tees, such periodicals, bulletins and such other material as shall assist in the general purposes of the Association. The Committee shall carefully check all periodicals publishing material on anesthesiology and on related fields and shall publish a list of articles of interest in each issue of the Bulletin, this to include: name of author, title of article, name of publication, date of publication.

This Committee shall publish each year a list (by states) of the members of the Association.

The Committee may be enlarged at the discretion of the Board of Trustees, upon proper presentation to the Board that such enlargement shall facilitate the work of the Committee and shall further the interests of the Association.

No paper shall be published in the minutes, or in any magazine or paper, as a part of the transactions of the Association, except with the approval of the Board of Trustees. All papers read at any meeting of the Association or affiliated state associations shall become the property of the Association, and when so requested, the Board of Trustees (with permission of the author) may cause same to be copyrighted in the name of the Association; but unless prohibited by the Board of Trustees, the authors of all papers read at meetings of the Association or affiliated state associations, may cause the same to be published and if approved by the Board of Trustees, they may be published as a part of the transactions of the Association. No paper or magazine shall be entitled to the exclusive publica-tion of any paper read before the members of the Association at any of its meetings, except by vote of the Board of Trustees.

Section 12. Committee on Public Relations

The Committee on Public Relations shall study the existing laws of the various states dealing with Anesthesiology and shall, at all proper times, report and make recommendations to the Board of Trustees for the protection of the professional rights of the members of the Association. This Committee shall be responsible for initiating, planning and conducting, subject to the approval of the Board

of Trustees, a publicity program to the end that the allied fields and the public may be better informed concerning the Association, this to include the publicity given each Annual Meeting. The Committee shall assist with the establishment of a Committee on Public Relations in each affiliated state association and shall assist the officers of the state associations and these committees with the program on public relations.

Section 13. Committee on Revision of By-Laws

The Committee on Revision of Bylaws shall receive all proposed amendments to the By-laws of the Association from the members, report its findings and make its recommendations to the Board of Trustees for approval, and submit the proposed amendments with the Committee's recommendations for action at the Annual Meeting.

The Committee shall approve the constitution and by-laws of each state association applying for affiliation with the Association and further approve all proposed amendments to the constitution and by-laws of affiliated state associations for the purpose of keeping them harmonious with the By-laws of this Association.

Section 14. Committee on Trust Fund The Committee on Trust Fund shall be composed of three members, one of whom shall be the Treasurer. This Committee shall be responsible for administering the monies of the Trust Fund in accordance with the rules and regulations concerning the Trust Fund. This Committee shall also promote interest in securing and shall endeavor to secure contributions for the Trust Fund.

ARTICLE IX

DUES

Section 1. Scale of Dues

Each member shall pay annual dues to the Association in accordance with her membership classification; except for members in unorganized states, a portion of these dues, as herein specified, shall be retained by the state association of the member.

Classification Dues Retained by State
Active Member \$12.00 \$4.50 Inactive Member 5.00 2.00

Section 2. Procedures for Payment

A. Dues shall be payable in advance to the Association at the beginning of each fiscal year (September 1.)

B. The state associations shall be responsible for collecting all dues from their members, and shall send the required per capita dues to the Treasurer of the American Association of Nurse Anesthetists with the prescribed remittance sheet.

C. Members in unorganized states shall send their annual dues direct to the Treasurer of the American Association of Nurse Anesthetists.

Section 3. Pro-Rata Payment

A newly accepted member shall pay annual dues as specified in Section 1 of this article if accepted to membership in the first six months of the fiscal year or one-half of the annual dues if accepted to membership in the second six months of the fiscal year. The first dues shall be payable within thirty (30) days after notification of acceptance to membership.

Section 4. Waiving of Dues

An Active or Inactive Member may without relinquishing any rights and privileges, be granted the waiver of dues for a fiscal year upon presentation to the Board of Trustees of documentary evidence of extended illness or of full time study for a school year, or of other extenuating circumstances.

Section 5. Default in Payment

A member whose dues are in default for more than six months of the current fiscal year shall be dropped from membership.

ARTICLE X FISCAL YEAR

The Fiscal Year shall be from September 1 to August 31, inclusive.

ARTICLE XI

ANNUAL MEETING

Section 1. Time and Place

The Annual Meeting of the Association shall be held each year concurrently with that of the American Hospital Association at the time and place designated by the American Hospital Association.

The time and place of the Annual Meeting shall be announced in the Bulletin of the American Association of Nurse Anesthetists.

Section 2. Quorum

Seventy-five (75) members entitled to vote representing at least ten (10) states shall constitute a quorum at any meeting of the Association.

ARTICLE XII

NOMINATIONS AND ELECTIONS

Section 1. Elections

Elections shall be by ballot. A majority vote is necessary to elect. Section 2. The Ballot

The Committee on Nominations shall present the ballot prepared as herein specified.

Section 3. Nominations

No Nominee shall be presented at the Annual Meeting either by the Committee on Nominations or from the floor without a statement of her qualifications and her consent to serve if elected.

Section 4. Eligibility

Only members in good standing shall be eligible to receive nominations and to vote.

ARTICLE XIII OFFICIAL ORGAN

The Bulletin of the American Association of Nurse Anesthetists shall be the official publication of the Association and shall be issued at least four times a year.

ARTICLE XIV

ETHICS AND DISCIPLINE

If the conduct of any member shall appear to be in wilful violation of the Articles of Incorporation and Bylaws of the Association or prejudicial to the Association's interests, the Board of Trustees may, by the affirmative vote of two-thirds (2/3) of the entire Board of Trustees, suspend or expel such member. Before taking such action, a written copy of the charges must be served upon the member and an opportunity given her to be heard before the Board of Trustees, in defense. A motion to reconsider the suspension or expulsion of a member may be made at the next regular meeting of the Board of Trustees, but not thereafter.

ARTICLE XV AMENDMENTS

A. The Articles of Incorporation and By-laws may be amended, modified, or abolished at any Annual Meeting by a two-thirds (2/3) vote of those present and qualified to vote, provided that notice of the proposed amendments, modifications, or resolution for abolishment has been placed in the hands of the Executive Secretary two (2) months prior to the Annual Meeting. Any such proposal to amend, modify or abolish shall be appended to the notice of the Annual meeting.

B. Standing Rules may be amended or rescinded by a two-thirds (2/3) vote unless notice was given at a previous meeting or in the call for the meeting, when they may be amended or rescinded by a majority

ARTICLE XVI

PARLIAMENTARY AUTHORITY

"Robert's Rules of Order—Revised" shall be the authority for the Association where not stated in the Articles of Incorporation or By-laws.

STANDING RULES

1. The order of Business at the Annual Meeting.

Call to Order
Reading of Minutes
Roll Call
Report of Officers
Reports of Standing Committees
Reports of Special Committees
Unfinished Business
New Business
Announcements
Program
Adjournment

2. Conduct of Examinations.

The examination of candidates for membership shall be under the direct control of the Board of Trustees.

Each candidate approved by the Credentials Committee shall be notified by the Executive Secretary to be ready for an examination.

The examinations shall be given twice a year in as many cities as the Board of Trustees may determine suitable for the purpose.

The examination shall be in charge of an Active Member of the American Association of Nurse Anesthetists, such member to be chosen by the Board of Trustees, and to be located in or near the town of residence of th candidate.

EXAMINATIONS

The examinations shall be covered in two (2) days and shall consist of:

A. An oral and practical examina-

The applicant shall be asked to carry out under the eye of the local examiner certain standard procedures besides answering questions demonstrating her knowledge in anesthesiology.

B. A written examination.

The questions, both for the oral and written examinations, are formulated by the members of the Committee on Examinations and sent by the Executive Secretary under seal to each local examiner. Each candidate shall be given a number and the examination papers shall bear a number only. The local examiner shall mark the results of the oral and practical examination and in the presence of the examinee, shall seal in an envelope along with the answered written examination and shall send immediately to the Executive Secretary who in turn shall transmit them to the Committee on Examinations.

Each member of the Committee on Examinations shall examine a part of the written examination of each applicant and allocate marks for each question in accordance with predetermined values. Committee on transmit these the Executive from those of The Executive Secretary separately each other member. The Executive Secretary shall determine the grade obtained by each candidate by taking the average of the marks.

The practical examination and the written examination have equal value and a passing grade of 70% must be received in each.

Any candidate who fails to pass the examination may be re-examined once within one calendar year from the date of examination without payment of an additional fee. Should the candidate again fail to pass the examination, further examinations may be granted on payment of an additional fee of fifteen dollars (\$15.00).

The Executive Secretary shall notify the candidates of the results of the examinations, usually in about ninety (90) days after taking the examinations. Those who pass the examinations shall be issued a membership card on payment of the annual membership dues which shall be pro-rated for the year in which the applicant becomes a member.

The examination fee shall be fifteen dollars (\$15.00) due and payable within (30) days after notification by the Executive Secretary of approval by the Credentials Committee. No fees are returnable.

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JULY, 1944

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- Secretary State Association
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† Last dues paid, 1943

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P. O. Box 222 Home: 4 Casanova Ave., Atlanta, Ga.

Phoebe Putney Mem'l Hosp. Route No. 2 Central of Ga. R. R. Hosp. Georgia Baptist Hospital Moore Gen'l Hospital Home: 325 Monroe Road Merion Park, Pa. St. Joseph's Infirmary U. S. Naval Hospital Emory University Hospital Emory University Patterson Hospital Georgia Baptist Hospital Emory University Hospital Georgia Baptist Hospital Georgia Baptist Hospital Home: 1101 N. Jefferson St., Albany, Ga.

Phoebe Putney Mem'l Hosp. Grady Hospital 4491 Jett Road 1208 Virginia Ave., N.E. Macon Hospital Newnan Hospital Home: Lagrange, Ga. Home: Route No. 6, Bridgeton, N. J. Macon Hospital St. Joseph's Infirmary City Hospital 761 Virginia Ave. Rawlings Sanitarium Vereen Memorial Hospital 220 Benson St. Knowlton, Mrs.Mary Lou A.1100 — 7th Ave., Route No. 3 McDonald, Mrs. Rosalie C. Emory University Hospital Emory University Hospital Strickland Mem'l Hospital Thayer Gen'l Hospital Georgia Baptist Hospital Station Hospital 574 Collier Road, N.W. 1055 Rosewood Dr., N.E. Station Hospital Grady Hospital 478 Peachtree St.

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Naval Hospital 2875 W. 19th St. Box 186 1040 Sheridan Rd. Percy Jones Hospital 251 Edward St. 1536 N. Claremont Ave. Passavant Hospital 839 W. Sheridan Rd. 1096 Lee St. 2026 N. Burling St. Brooke Gen'l Hospital

1100 N. 1st St. West Suburban Hospital Norwegian-American Hosp. 6948 Touhy Ave. St. Luke's Hospital 3420 College Ave. St. Mary of Nazareth Hosp. 303 N. Grove Ave.

Silver Gross Hospital

Jacksonville, Fla. Chicago 23 Freeport Chicago 40 Battle Creek, Mich. Sycamore Chicago 22 Chicago 11 Chicago 13 Des Plaines Chicago 14 Ft. Sam Houston, Texas Springfield Oak Park Chicago 22 Niles 31 Chicago Alton Chicago 22 Freeport Lena Joliet

Tinley Park

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Burke, Lt. Ursula M.
Burress, Mrs. Helena***
Calhoun, Mrs. Gladys H.
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Cohlan, Mrs. Drusilla I.
Conn, Faith
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Crane, Mrs. Katherine
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Crowley, Lt. Mechtildes W. Czyzycki, Catherine C. Daniels, Clorecia DePoy, Mrs. Elma W. Desautels, Gertrude H. DeVet, Frieda M. Dickison, Hazel M. Dickson, Lt. Josephine B.

Diediker, Matilda
Diesel, Mrs. Agnes L.***
Dorum, Thelma
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DuBusker, Mrs. Mary B.
Duray, Mary
Efinger, Mrs. Marguerite
Eggleston, Mrs. Burlie P.
Egleston, Ada M.

Eichelkraut, Lt. Dorothy Elbert, Bernice Elliott, Mrs. Berenice Ione Elyea, Marjorie L. Esler, Margaret R. Fife, Marie C. Ford, Lauda S. Ganzbuhl, Margaret Garrity, Mary

Garrity, Mary
Garvin, Lt.Cecelia T.
Girkin, Nettie R.
Goodman, Mrs. Nellie C.
Graf, Irma G.
Graham, Kathleen T.
Green, Mrs. Almida C.

Haigwood, Hattie B.
Hanke, Caroline
Hanner, Bonnie Bell
Hansen, Elizabeth T.
Hanson, Esther B.
Hard, Mabel D.
Harris, Bernadette A.
Hellickson, Helga C.
Henry, Mrs. Pauline E.***
Hickey, Mary C.
Hill, Harriet Loris
Hill, Helen Lois
Hobein, Mrs. Margaret S.
Holmes, Edith H.

4837 Addison St. Norwegian-American Hosp. 27th Evac. Hospital

Englewood Hospital Ravenswood Hospital 522 E. 3rd St. Victory Mem'l Hospital 808 Lawrence Ave. Sherman Hospital 3639 — 59th St. 1014 Hamilton Blvd. 1912 E. Spruce St. Silver Cross Hospital 156th General Hospital 6060 S. Drexel Ave. 732 Belden Ave. 2418 Eastwood 6337 Harvard Ave. Oak Park Hospital Lutheran Deaconess Hosp. Station Hospital

716 S. St. Louis 1223 Winona St. St. Joseph Hospital Mother Cabrini Hospital 824 W. Aldine Ave. Wesley Mem'l Hospital W. Washington St., R-2 40 E. Oak St. 925 Montrose Ave. Station Hosp., Buckley Field St. Mary's Hospital Illinois Masonic Hospital Silver Cross Hospital **Evanston Hospital** 645 S. Central Ave. Passavant Hospital St. Anthony de Padua Hosp. Evanston Hospital

Michael Reese Hospital Decatur and Macon Co. Hosp. 7438 Adams St. 1431 N. Clairemont Ave. 4456 Monticello Ave. U. S. Marine Hospital St. Francis Hospital West Suburban Hospital Henrotin Hospital St. Mary's Hospital Jackson Park Hospital 19 E. Ohio St Ravenswood Hospital 801 Mapleton Ave. South Shore Hospital Wesley Mem'l Hospital Sherman Hospital 2036 Bickmore Ave. (temp.) Norwegian-American Hosp.

Chicago 41 Chicago 22 Ft. Devens, Mass. Bowen Chicago 21 Chicago 40 Dixon Waukegan Chicago 40 Elgin Cicero Peoria 5 Springfield Joliet Camp McCoy, Wis. Chicago 37 Chicago 14 Chicago 25 Chicago Oak Park Chicago 22 Selfridge Field, Michigan Chicago 24 Chicago 40 Chicago 14

Chicago 13 Chicago 11 Waukegan Chicago 11 Chicago13 Denver, Colo. Kankakee Chicago 14 Joliet Evanston Chicago 44 Chicago 11 Chicago 23 Evanston Overseas Chicago 16 Decatur Forest Park Chicago 29 Chicago Chicago 13 Evanston Oak Park Chicago 10 Galesburg Chicago 49 Chicago 11 Chicago 40 Oak Park Chicago 17 Chicago 11

Elgin

Dayton, Ohio Chicago 22

Chicago 7

6915 S. Winchester St. Holwell, Mary M. Chicago 36 Hoving, Anna S. Hunt, Valeda V. 116 W. 109th St. Chicago 28 Hunt, Valeda V. Chicago Lying-In Hospital Huntington, Mrs. Charlotte 3925 W. Wellington Ave. Chicago 37 Chicago 47 Johnson, Sagrid E. Augustana Hospital Chicago 14 Kaiser, Mrs. Elizabeth H. Kasten, Mary C. 3420 Van Buren St. Chicago 24 Chicago 51 St. Anne's Hospital Kastner, Mrs. Mona H. Kelley, Winifred Kelly, Ensign Margaret W. Augustana Hospital Chicago 14 St. Luke's Hospital Chicago 5 Overseas Kibbey, Mary O. Chicago 5 St. Luke's Hospital Kiefer, Helen V. St. Joseph Hospital Alton Koonce, Mrs. Norbeth D. Kraus, Paula Marshall Browning Hosp. DuQuoin Chicago Loretta Hospital Kuhn, Pauline Chicago 14 1356 Diversey Pkwy. 536 W. Grant Pl. 1405 W. Rascher Ave. Chicago 14 Kwit, Evelyn D. Chicago 40 Lazarski, Elizabeth A. Decatur and Macon Co. Hosp. Decatur Lebkuecher, Ethel M. St. Joseph Hospital Lee, Florence L. Alton Leidel, Leeta Wabash Hospital Decatur Leketas, Bernice C. 1222 S. 48th Court 645 S. Central Ave. Cicero 50 Lenihan, Julia Chicago 44 1142 W. Lawrence Ave. Lewis, Hattie M. Springfield Ludwig, Mrs. Ruth P. Lundahl, Mrs. Myrtle R. 507 E. Green St. Urbana 46 E. 110th Place Chicago 28 Lyman, Lt. Marie E. Station Hospital, Bks. 1043 Scott Field McCuen, Lt. Olive A. Home: Rt. 3, Warsaw, Ind. Overseas McCurdy, Mrs. Myrle C. 1928 Highland Ave. Wilmette McDermott, Esther L. Augustana Hospital Chicago McGinley, Edith M. McGraw, Mary R. McLane, Esther Ravenswood Hospital Chicago 40 Chicago 14 Des Plaines Augustana Hospital 1323 Websford McManigal, Mrs.Blanche P. 2358 E. 70th Place Chicago 49 McNellis, Mary Marguerite Michael Reese Hospital Chicago 16 Madsen, Mrs.Dorothy M.***7312 Dante Ave.
Mahoney, Betty C. St. Francis Hospital Chicago 19 Mahoney, Betty C. Maisnik, Shirley Marsh, Margaret Evanston St. Luke's Hospital Chicago 5 Sherman Hospital Elgin 4608 N. Beacon St. 811 W. Washington St. Martin, Alice M. Chicago 40 Mathesius, Joy Marie Bloomington West Suburban Hospital Metzke, Angeline Oak Park Milkereit, Mrs. Jessie M. 1101 State St. Pekin Millen, Mrs. Corinne C.** Lutheran Deaconess Hosp. Chicago 22 Miller, Hazel
Miller, Ola Hazel
Modaff, Lt. Louise 1667 N. Richmond St. Chicago 47 2926 Lake Park Ave. Home: 2521 Winnemac Ave. Chicago 16 c/o J. Sitowski. Chicago, Ill. Overseas 1211 N. LaSalle St. Moore, Marjorie Chicago 10 Mulvane, Lucille Muneio, Ensign Betty A. R. R. 4 Robinson U. S. Naval Hospital Mare Island, Calif. Murray, Edna M. Myers, Hilda Reddick Edgewater Hospital Chicago 26 Ingalls Mem'l Hospital Myrseth, Gudrun Harvey 71 E. Cedar St. Neeley, Dorothy M. Chicago 11 Newman, Blanche Illinois Central Hospital Chicago 37 Niccoli, Marie Nichol, Mabel A. St. Anne's Hospital Chicago 51 525 W. Arlington Place 109 W. Oak St. Chicago 14 Chicago 10 Nitzpan, Maria 25 N. Stone Ave. Nordwall, Frieda M. LaGrange † Norred, Lt. Annice E. Station Hospital Ft. Jackson, S. C. Ravenswood Hospital Chicago 40 O'Day, Exire

O'Leary, Helen E. Olson, Anna M. Olson, Edwina Hilda O'Meara, Lt. Marcella Paquette, Hazel Marie Patterson, Mrs. Gertrude A.St. Francis Hospital Pfauser, Christine H. Pippereit, Martha A. Poole, Susannah Powley, Mary Maude Priester, Ann Proudfit, Mrs. Harriet O. Prykanoski, Mrs. Alma D. Purcell, Ensign Ethel M.

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Passavant Hospital Grant Hospital St. Margaret's Hospital Station Hospital 6400 Normal Blvd. West Suburban Hospital Chicago Memorial Hospital Alton Memorial Hospital 6038 S. Albany Ave. West Suburban Hospital Woodstock Hospital 401 Wabash Ave. U. S. N. Base Hosp. Home: 606 Harding St. Tama, Iowa Ingalls Memorial Hospital Decatur and Macon Co. Hosp. Grant Hospital Alton Memorial Hospital

302 Union St. Illinois Central Hospital 910 N. Klein St. Passavant Hospital Mercy Hospital Copley Hospital 1621 W. 93rd St. St. Elizabeth Hospital Holy Cross Hospital St. Clara's Hospital St. Mary's Hospital St. Joseph Hospital St. Mary's Hospital St. Joseph Hospital St. Joseph Hospital St. Francis Hospital St. Francis Hospital St. Charles Hospital St. Elizabeth Hospital Little Co. of Mary Hospital St. Anthony De Padua Hosp. St. Vincent's Hospital St. Mary of Nazareth Hosp. St. Mary of Nazareth Hosp. St. John's Sanitarium St. Anne's Hospital St. Theresa Hospital St. Mary's Hospital St. John's Hospital Holy Cross Hospital St. Francis Hospital St. Mary's Hospital St. Francis Hospital St. Francis Hospital St. Anthony Hospital St. Joseph Hospital St. Vincent's Hospital

St. Elizabeth's Hospital

Chicago 11 Chicago 14
Spring Valley
Camp McCoy, Wis. Chicago 21 Blue Island Oak Park Chicago 16 Alton Chicago 29 Oak Park Woodstock Belleville Overseas Overseas

Harvey Decatur 10 Chicago 14 Alton Joliet Chicago 37 Springfield Chicago 11 Chicago 16 Aurora Chicago 20 Belleville Chicago 29 Lincoln Streator Joliet Decatur Joliet Highland Peoria 4 Macomb Aurora Granite City Evergreen Park Chicago 23 Taylorville Chicago 22 Chicago 22 Springfield Chicago 51 Chicago 51 Waukegan Streator Springfield Chicago 29 Peoria 4 LaSalle Litchfield Freeport Rockford Joliet Taylorville Joliet Highland Belleville

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Staples, Mrs. Marion Steele, Harriette Stein, Lt. Lucille E Stenstrom, Naomi S. Stephens, Mrs. Edna M. Sternberg, Mrs. Fern Stitzer, Dorothy E. Stohl, Violet Margaret

St. Vincent's Hospital St. Mary's Hospital St. Joseph Hospital St. John's Hospital St. Mary's Hospital St. John's Hospital Little Co. of Mary Hospital St. Mary's Hospital St. Mary's Hospital St. Anthony de Padua Hosp. St. Francis Hospital St. Francis Convent, R.F.D. 1 Springfield St. Charles Hospital St. Francis Hospital St. Elizabeth's Hospital St. James Hospital St. Mary of Nazareth Hosp. St. John's Hospital St. John's Hospital St. Theresa Hospital 449 Winneconna Pkwy. St. Bernard's Hospital St. Clara's Hospital St. Anthony dePadua Hosp. St. Mary's Hospital 430 S. Independence Ave. Victory Memorial Hospital St. Elizabeth's Hospital St. Elizabeth's Hospital 1245 N. Lavergne Ave. 244 E. Pearson St. Memorial Hospital 143 S. 9th Ave. 814 E. Lake Ave. (temp.) St. Luke's Hospital 121 Crescent Ave. Children's Mem'l Hospital 511 S. Kitchell Ave. 211 State St., Apt. F 1901 W. Newport Ave.

889 Nelson St. Home: 1219 Second Ave. Rochelle, Ill. 536 Webster Ave. Columbus Hospital 192nd General Hospital South Shore Hospital 351 St. Charles St. Englewood Hospital Lake Forest Hospital Swedish Covenant Hospital

Taylorville Kankakee Joliet Springfield LaSalle Springfield Evergreen Park Decatur Centralia Chicago 16 Chicago 23 Freeport Aurora Litchfield Danville Elgin Belvidere East St. Louis Pontiac Chicago 22 Springfield Springfield Waukegan Chicago 20 Chicago 21 Lincoln Springfield Chicago 23 East St. Louis Elgin Elgin Rockford Waukegan Chicago 22 Chicago 22 Chicago 51 Chicago 11 Springfield Maywood Ladysmith, Wis. Chicago 5 Peoria 5 Chicago 14 Greenup Olney Chicago 15 Peoria 6 Chicago 13 Overseas Chicago 13

Overseas Chicago 14 Chicago 14 Cp. Barkeley, Tex. Chicago 17 Elgin Chicago 21 Lake Forest Chicago 25

Stoltz, Frieda L.
Strauch, Elsie H.
Suttle, Ethel M.
Swanson, Edith M.
Taylor, Mrs. Ella Fuller
Taylor, Hazel
Terry, Anna M.
Thilk, Frances M.
Thom, Lt. Audrey
Tricka, Mrs. Louise B.

Tricka, Mrs. Louise B.
Watts, Edith
Webster, Bonnie
Welinske, Matilda A.
West, Norma Roberta
Whitford, Mrs. Mae L.
Whitney, Madge***
Willenborg, Anna
Willenborg, Myrna
Willey, Mary J.
Withrow, Emalie
Woolsey, Mrs. Ora A.
Worthington, Joan M.

Zech, Elizabeth D. Zender, Mrs. Emilie J. Zenz, Bernadine M. Zwick, Mary A.

St. Luke's Hospital Methodist Hospital 635 S. Johnson St. Swedish Covenant Hospital 4155 S. Drexel Ave. 1433 N. Claremont Ave. West Suburban Hospital 5118 N. Western Ave. Finney General Hospital 8645 Vernon Ave. 2650 Ridge Ave. 703 Bluff City Blvd. 631 N. Duncan Ave. Wesley Memorial Hospital Garfield Park Hospital 2561 Cullom Ave. St. Francis Hospital Michael Reese Hospital 2666 East 77th St. St. Anne's Hospital 7121 Stanley Ave. West Frankfort Hospital 297th General Hospital Evanston Hospital Englewood Hospital Mercy Hospital Evanston Hospital

Chicago 5 Peoria 5 Macomb Chicago 25 Chicago 15 Chicago 29 Oak Park Chicago 25 Thomasville, Ga. Chicago 19 Evanston Elgin Arlington Heights Chicago 11 Chicago Chicago 18 Peoria 4 Chicago 16 Chicago 49 Chicago 51 Berwyn West Frankfort Banning, Calif. Evanston Chicago 21 Chicago 16 Evanston

INDIANA

Anderson, Mrs. Margaret J. Monroe City Road Axel, Wilma Jo St. Mary's Mercy l Benefiel, Lt. Jennie P. Home: 424 W. 39tl

Benn, M. Pauline*
Church, Mrs. Margaret P.
Divan, Virginia
Efinger, Irene H.
Gemmill, Lillian
Goodman, Mary Lucile
Holt, Nina Mae
Jacob, Emma M.
Kirschner, Regina R.
Krogstad, Lorna E.
Lange, Agnes M.**
Myers, Mrs. Fern Like
O'Dowd, Mrs. Ann Follmar
Petrowske, Mrs. Marie
Pohler, Lucille E.
Pressler, Mrs. Mildred Q.
Prince, Sue C.
Reitz, Helen M.
Sr. M. Madalene McGee

IOWA

Abraham, Lt. Sylvia C.

Albright, Alta M. Barron, Loretta

Vonderau, Anna Warnock, Inez Monroe City Road St. Mary's Mercy Hospital Home: 424 W. 39th St., Indianapolis St. Joseph's Hospital

St. Joseph's Hospital 1016 Garden St. 113 South 12th St. St. Mary's Hospital Marion Gen'l Hospital

Ball Memorial Hospital 708 North Sixth St. 144 W. 18th, Apt. 12 Ball Memorial Hospital 326 Arcadia Court R. R. No. 2

7 Wildwood Road Marion Gen'l Hospital 1047 Northwood Blvd. Ball Mem'l Hospital St. Mary's Hospital Mt. Mercy Sanitarium Station Hospital 2902 S. Fairfield Ave. Moore Clinic

Station Hospital

1210 Pleasant St. Apt. No. 5

Vincennes Gary

Overseas Ft. Wayne 2 Ft. Wayne 2 Clinton Evansville 11 Marion Columbia City Muncie Vincennes Indianapolis Muncie Ft. Wayne 6 Wheatland Monterev Hammond Marion Ft. Wayne 3 Muncie Evansville 11 Dyer Maxwell Field, Ala. Ft. Wayne 6 Muncie

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Brandt, Alma M.
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Culp, Mary Arnold
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Ewer, Bertha A.
Felber, Marie
Holmdel, Lt. Irma J.

Holmdel, Lt. Irma J.

Jansen, Mrs. Eleanor M.

Latchem, Mrs. Elizabeth H. 210 W. Washington St.

Meyer, Lucile Marian
Neuroth, Bertha
Nichols, Lucile D.

Olmstead, Verna E.
Parrish, Mrs. Mae Aileen
Phillips, Mr. Louise*

Home: Hawarden, Iow
Mercy Hospital
St. Joseph's Mercy Hospital

Roberts, Lt. Phyllis A.
Robinson, Lulu V.
Sr. M. Andriella Mateju
Sr. M. Aurelia
Sr. M. Etheldreda Collins
Sr. M. Francella Dunton
Sr. Helen Marie Hughes
Sr. M. Letitia Spelman
Sr. Margaret Mary Kane
Sr. M. Pauline Hammes
Sr. M. Philomena Head
Sapp, Mrs. Ethel Smith
Schrader, Lola M.
Schwarting, Louise E.
Shanley, Gertrude Marie

Sven, Myrtle Eleanor Torrey, Mrs. Lona Waller, Mrs. Grace P. 314 — 1st N.W.
Mercy Hospital
Deaconess Hospital
515 High Ave. E.
St. Joseph's Mercy Hospital
2906 Douglas St.
212 Tucker Bldg.
401 Security Bldg.
University Hospital
Home: Hawarden, Iowa
Mercy Hospital
210 W. Washington St.
St. Joseph's Mercy Hosp.
1909 Jackson St.

Iowa Lutheran Hospital
St. Joseph's Mercy Hospital
1200 Main St.
Bruns Gen'l Hospital
630 No. Court St.
St. Anthony's Hospital
St. Francis Hospital
St. Joseph's Mercy Hosp.
Mercy Hospital

St. Joseph's Mercy Hosp.
Sacred Heart Hospital
Mercy Hospital
Mercy Hospital
St. Vincent's Hospital
516½ High Ave. E.
St. Joseph's Mercy Hospital
Lutheran Hospital
2016 Iowa St.

Walter Reed Gen'l Hospital Lutheran Hospital c/o Capt. M. A. Torrey, Station Hospital

Waller, Mrs. Grace P. Washington Co. Hospital Watson, Mrs. Anna Osborn 4703 Norma Drive

Marshalltown Oskaloosa Des Moines Sioux City Clinton Sioux City Iowa City Overseas Iowa City Washington Mason City Sioux City Weldon Des Moines Dubuque Dubuque Santa Fe, N. M. Ottumwa Carroll Burlington Fort Dodge Burlington Mason City LeMars Fort Dodge Des Moines Sioux City Oskaloosa Clinton Fort Dodge Davenport Washington, D.C. Fort Dodge Army Air Base Sioux City Washington San Diego 5, Calif. (temporary)

Hampton

Fort Dodge

KANSAS

Baker, Viola H.*
Bolton, Mrs. Ella J.
Collins, Lt. Delitha
Hamman, Zella
Lovejoy, Mary
Mikkola, Senja
Moore, Mrs. Josephine
Murray, Cora B.

Paul, Mrs. Ethel S.** Risser, Ella H. Ryan, Mary Lucillo Sr. Geraldine Steinke Thompson, Velma

O'Neill, Mrs. Elizabeth B.

West, Wanda G. Weiser, Clara Wesley Hospital St. Francis Hospital

McPherson County Hospital Christ's Hospital Wesley Hospital 219 S. Kansas St. Memorial Hospital Box 574 Wesley Hospital Bethel Deaconess Hospital

St. Rose Hospital

Community Hospital St. Francis Hospital Wichita 6 Wichita 5 Overseas McPherson Topeka Wichita 6 Wichita Dodge City Dodge City Wichita 6 Newton Spearville Great Bend Marysville Beloit Wichita 5

KENTUCKY

Bloom, Estelle Bowyer, Mrs. E. W.***

† Bateman, Lt. Mary C.

Cadwallader, Marian F.*** Frontier Nursing Service

Martin, Mary M. Reynolds, Christine Ryan, Ellen Sr. Thomas de Sales Bailey St. Joseph's Hospital Salt, Susan R. Sirkle, Mrs. Lula M. Smith, Tommie

† Sweeney, Lt. Rheba

822 Heyburn Bldg. c/o Mrs. W. S. Helm, Upper River Road

Home: c/o J. W. Green, Valley St., Meridian, Miss. Harover, Mrs. Mae W.
Haverkamp, Etta***
Highbaugh, Mrs. Eleanor B. c/o Dr. W. L. Vickers
Ludovico, Captain Mary M. Home: 540 E. High St., Ger-

mantown, Philadelphia, Pa. Overseas 190 N. Upper St.

233 Henry Clay Blvd. Box 573

641 Park Ave.

1110 Francis Bldg. Station Hospital

Louisville 2

Louisville

Overseas Asher, Leslic Co. Maysville Bellevue Franklin

Lexington Lexington 32 Jenkins Lexington 13 Newport Meeksbury Louisville 2 Camp Sutton, N.C.

LOUISIANA

Alexander, Mrs. Etoile R. 1626 Carolina St. Brashier, B. Evelyn 2808 Jackson St. Burke, Rose Rita Campeau, Beulah Cenac, Ione Eleanore Coco, Mrs. Evelyn Hurff Daigle, Mrs. A. Teresa S. Box 95, Rt. 1 Desposito, Mrs. Daisy Belle Hotel Dieu Dodd, Mrs. Viola R. Duarte, Mrs. Antoinette A. 8416 Panola St. Dudley, Mrs. Annie R. Duncan, Mrs. Dorothy S. Highland Sanita Flynt, Mrs. Elizabeth A. Foley, Mrs. Marie B.

Garcia, Lt. Maria E.

Gebbs, Lillian M. German, Mrs. Rosalie G.** Graham, Mrs. Estelle Graves, Mrs. Katie R. Griffin, Mrs. Philomena Grillet, Agnes Grillet, Stella Hanson, Mrs. Ethel C. Harris, Sarah Elizabeth Hingle, Mrs. Irene E. Illg, Mrs. Lena P. Kling, O. Rowene Koenig, Mary E. LeBlanc, Bessie McElveen, Mrs. Inez E. McMahon, Ellen M.* Mallory, Mrs. Jewel Martinez, Mrs.Guillerma E.Charity Hospital Nelson, Jessie V.

Phillips, Mattye Sue

Mercy Hospital Charity Hospital 9221 Palm St. 2029 Benefit St. Hotel Dieu

Highland Sanitarium

3554 Lillian St.

Home: 1541 Tulane Ave., New Orleans, La. Charity Hospital New Or 415 Codifer Ave., Metarie New Or Conway Memorial Sanitarium Monroe P. O. Box 1941 R. 1, Box 260 8127 Spruce St. 8127 Spruce St. 703 Cypress St. Huey P. Long Hospital Port Sulphur Hospital 907 Cameron St. Oschner Clinic Charity Hospital V. W. B. Clinic .

1413 Hillary Mercy Hospital 819 Elmwood Baptist Hospital 1200 Fairfield St. Home: Oxford, La. Shreveport Shreveport New Orleans 13 New Orleans 13 New Orleans 18 New Orleans 17 Breaux Bridge New Orleans New Orleans 19 New Orleans 18 Jackson Shreveport Franklin Shreveport 65

Overseas New Orleans 19 New Orleans 20 Alexandria Alexandria New Orleans 18 New Orleans 18 W. Monroe Pineville Port Sulphur Lafayette New Orleans 15 New Orleans 13 Monroe New Orleans 18 New Orleans 13 Shreveport New Orleans 13 Alexandria Shreveport Overseas

Platt, Lt. Jewell

Price, Margaret A. 3518 Piedmont Dr. Robicheaux, Mrs.Jeanne M. 619 Chartres St. Sr. M. Pasachalisa C. Saxon, Mrs. Omega R. Sawyer, Ola E. Scott, Mrs. Jane Carr Seeberg, Mrs. Molly L. Shufflin, Mrs. Mildred S. Slater, Lt. LaRene Smith, Lt. Mary Frances Spear, Bernice Terry, Rubye Estelle Theriot, Ella Mae

Trimble, Ethel

Word, Mattie T.

Ziegler, Mrs. Sara

Bastrop Gen'l Hospital Rt. 5, Box 168 Minden Sanitarium 508 St. Peters St. 4171 Canal St. 425 Dalzell St.

LaGarde Hospital 450 S. Claiborne Ave. 1002 Jackson Ave. 1541 Tulane Ave. Highland Sanitarium 1410 St. Andrew St. 514 Arlington Dr., Metaire

New Orleans 17 New Orleans 12 Bastrop Shreveport Minden New Orleans 16 New Orleans 19 Shreveport Overseas New Orleans 12 New Orleans 13 New Orleans 13 New Orleans 13 Shreveport New Orleans 13 New Orleans 20

MAINE

Adams, Mrs. Mildred T. Charland, Mrs. HarrietteL. Coffin, Mrs. Jeannette L. Curran, Mrs. Rosemary R. Decker, Mrs. Ann Eagles, Beatrice C. Greene, Gretchen V. Hill, Nathalie Macauley, Isobel B. Moore, Greta O'Brien, Frances V. Roy, Lillian B. Sr. M. Clotilde Hawkes Spratling, Mrs. Pauline M.

55 Poplar St. 89 Boothby Ave. R. F. D. No. 5 Maine Gen'l Hospital Maine Gen'l Hospital Eastern Maine Gen'l Hospital Bangor Eastern Maine Gen'l Hospital Central Maine Gen'l Hospital Maine General Hospital Eastern Maine Gen'l Hosp. Mercy Hospital Mercy Hospital Mercy Hospital Central Maine Gen'l Hosp.

Bangor S. Portland 7 Portland 5 Portland 4 Portland 4 Bangor Lewiston Portland 4 Bangor Portland 4 Portland Portland 3 Lewiston

MARYLAND

Anderson, Thorene G. Argus, Clara Bakes, Cordelia Berger, Olive L. Black, Mrs. Constance*** Blades, Caroline E. Boman, Lt. Bernice B.

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Derr, Lt. Thelda E. Dolan, Lt. Helen M.

Elliott, Ruth S. Fox, Carrie B. Frazier, Mrs. Mary George, Mrs. Mildred M. Hammond, Mrs. Alyce P. Kammer, Catherine V. Kane, Ethel M. Kavanagh, Mary T.

613 N. Washington St. 800 N. Washington St. Sinai Hospital Johns Hopkins Hospital 33 Warrenton Road Peninsula General Hospital Home: 525 Cherokee St., Leavenworth, Kans. 604 Ridgewood Ave.

4309 Chatham Road

1032 Boucher Ave. 5000 Cordelia Ave. Home: 613 N. Washington St., Baltimore, Md. 620 W. Lombard 2702 East-West Highway W. Fortune St. (temp.) 125 So. Liberty P. O. Box 166 Johns Hopkins Hospital Mercy Hospital St. Joseph's Hospital

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Overseas Cumberland Baltimore 7 Overseas Annapolis 5 Baltimore 15

Overseas Baltimore 1 Chevy Chase 3 Virden, Ill. Cumberland Centreville Baltimore 5 Baltimore 2 Baltimore 13

Kenny, Margaret P. Kneisch, Mrs. Rhoda L. McCafferty, Margaret A. O'Brien, Mary J. O'Mailey, Doris E. Owings, Frances V. N. Sr. M. Honoria Mullin Seniff, Lt. Anna M.

Smith, Grace L. Trost, Mildred F. Turtscher, Iva A. † Wilhide, Lt. Mary

Zerhusen, Lt. Ann L.

MASSACHUSETTS

Anderson, Mary E. Battin, Lt. Gladys L.

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Hodgdon, Ruth A. Hodgins, Agatha C. Honorary Pres. A.A.N.A. Kelly, Ida B. Kennedy, Mrs. Doris D. Kent, Madeline

Kilbourne, Lt. Christine H. Home: 498 The Fenway,

Knott, Myrtle O. Lank, Betty E. LeMaitre, Estelle C. Leslie, Ethel L. Lyons, Margaret C.

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Station Hospital

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Home: Box 215, Cokato, Minn. Overseas Municipal Hospital Swedish Hospital Winona General Hospital Miller Hospital Rice Memorial Hospital 142 — 15th Ave. N.E. Swedish Hospital St. Barnabas Hospital Asbury Hospital 3538 Grand Ave. So. Virginia Municipal Hospital 1740 St. Anthony 1840 Palace - 13th Ave. So. St. Luke's Hospital 219 - 6th Ave. S.W. Abbott Hospital Northwestern Hospital St. Mary's Hospital St. Barnabas Hospital 829 E. Third St. St. Mary's Hospital Miller Hospital 2628 Portland Ave. Swedish Hospital Route 2 Deaconess Hospital Miller Hospital Home: Rural Route 4 Swedish Hospital Nurses' Quarters Fairview Hospital St. Luke's Hospital St. Luke's Hospital Northwestern Hospital Gillette Hospital Swedish Hospital St. Elizabeth's Hospital St. Lucas Hospital St. Ansgar's Hospital St. Cloud Hospital St. Gabriel's Hospital St. Mary's Hospital St. Mary's Hospital St. Mary's Hospital St. Joseph's Hospital St. Francis Hospital St. Cloud Hospital St. Vincent's Hospital 3034 - 35th Ave. So. Union Hospital Swedish Hospital 1009 — 7th Ave. S.E. U. S. Naval Hospital Asbury Hospital 1412 E. 24th St.

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Presbyterian Hospital 321 S. Third St., Apt. 2 Novarro, Mrs. Elizabeth D. St. Michael's Hospital

Plainfield Newark 5 Vineland Newark 2 Newark 8

Perth Amboy Highland Park East Orange East Orange New Brunswick Newark 8 Camden Paia Maui, Hawaii Camden Newark 7 Passaic Long Branch Wharton Morristown Union Overseas Newark 3 Toms River Overseas Summit Newark 4 Newark 2 Charleston, S. C. Trenton 9 Camden Asbury Newton Somerville Bainbridge, Md. Pine Beach Newark 2 Summit Merchantville Morristown Newark 8 Newark 4 Montclair

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Newark 7

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58 Madison Ave.
201 Lyons Ave.
Cooper Hospital
Middlesex Hospital
11 Pine Ave.
7 Davidson St.
Bridgeton Hospital
St. Peter's Hospital

Newark 7 Long Branch Morristown Fairlawn Morristown South Orange Newark 7 Trenton 9 Morristown Elizabeth Atlantic City Camden Newark 7 Orange Lake Hopatcong Newark 2 Newton

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210 East 64th St.
Rhoads Gen'l Hospital
39 Auburn Place
c/o Mrs. P. Arthur,
North Co. Rd. St. James
Home: 1214 Putnam Ave.
Kings Co. Hospital
1214 Champlain Ave.
Caledonia Hospital
Home: 480 Herkimer St.,
Brooklyn, N. Y.

Caledonia Hospital
Home: 480 Herkimer St.,
Brooklyn, N. Y.
145-17 33rd Ave.
20 Park Ave.
18 East 48th St.
68 Whittier St.
638 Hinman Ave. (temp.)
Wyckoff Hospital
Ellis Hospital

2342 15th St.

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1320 York Ave. 72 James St. Lawerence Hospital 1845 Becker St 422 East 58th St. Strong Mem'l Hospital No. Co. Comm. Hospital 1210 62nd St. St. Agnes Hospital 63 No. Hampton St. Mary McClellan Hospital M. I. B. Hospital Doig, Grace W. M. I. B. Hospital
Dolce, Mildred R. 496 Swan St.
Dollfs, Irmgard vonBockum Hospital for Spec. Surgery Home: 131/2 Hancock St., Worcester, Mass. Morrisania Hospital

Chas. Wilson Hospital 1320 York Ave. Coney Island Hospital 748 East 39th St. 25 Central Park West U. S. Army Medical Center, Walter Reed Hospital

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Brooklyn Hospital 15 Franklin St., Warren, Pa. Station Hospital, Dow Field Bangor, Me. Leonard Hospital 154 Bishop St. Peck Mem'l Hospital

1940 East Tremont Ave.

Meadowbrook Hospital Woman's Hospital

428 West 59th St.

622 West 168th St.

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Queens Hospital 3089 Decatur Ave. Meadowbrook Hospital United Hospital

New York Hospital 245 Elmwood Ave. 4802 10th Ave. 70 Midwood St. 36 Ellwood St. 250 Dover Rd. 62 Chestnut St.

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141 West 109th St. Townsend Hospital

88 Horatio St. Bethany Deaconess Hospital 12 Hempstead Ave. Staten Island Hospital Ellis Hospital

Ellis Hospital Ellis Hospital Home: Haring Ave., Sparkill, N. Y.

Marine Hospital Home: 304 Chestnut St., Niles, O. 267 S. Ocean Ave.

Highland Hospital 231-968 118th Ave. Albany

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28 Jay Blvd. Manhatten Eye and Ear Hosp. Memorial Hospital Park Avenue Hospital Midtown Hospital Mary Immaculate Hospital 428 West 59th St. 85 Bushwick Ave. 506 Sixth St. 200 West 15th St. Brooklyn Hospital Vassar Hospital Children's Hospital

7538 Metropolitan Ave. 4362 Kissena Blvd. Walter Reed Gen'l Hosp. Hudson City Hospital

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Deaconess Hospital

St. Luke's Hospital

Youngstown Hosp., N.S. Unit Youngstown 4 3273 Berkeley Road 1228 N. Fourth St. City Hospital Meadow Lane 1363 Herschel Ave. 962 F. 152nd St. Home: R.D. No. 1, West Austintown, O. St. Luke's Hospital St. Alexis Hospital Cleveland, Ohio Overseas Youngstown Hosp., N.S. Unit Youngstown 4

2559 Princeton Road St. Elizabeth's Hospital U. S. Naval Hospital

Youngstown Hosp., N.S. Unit Youngstown 4 Station Hospital, Army Air Base No. 1

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Cleveland Hts. 8 Toronto Cleveland 9 Solon Cincinnati 8 Cleveland

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Charity Hospital
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Cleveland 13
Rocky River 16
Dayton 9
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Elyria
Wauseon
Cleveland
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Cleveland 6 Akron 4 Cleveland 13 Middletown Cincinnati Cincinnati 20 Akron Wilmington Cincinnati Overseas Youngstown 4 Cleveland 6 Cleveland 15 Cleveland Mt. Vernon Cleveland 6 Youngstown Columbus 1 Dayton Hamilton

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Wolchick, Ensign Elizabeth Norfolk Naval Hospital Zekas, Lt. Catherine V.

3761 Warsaw Ave., Price Hill Cincinnati 5 (temporary) Kimmundy, Ill.

St. John's Hospital City Hospital 3455 Dury Ave.

Youngstown Hosp., S.S. Unit Youngstown 1 St. Elizabeth's Hospital Children's Hospital

3836 Indian View 14720 Leonard Ave. Home: 19509 Libby Rd.,

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Dayton, Ohio 3931 Riverside Dr. City Hospital Mount Sinai Hospital 6905 Clement Ave. U. S. Naval Hospital St. Thomas Hospital St. Alexis Hospital Mercy Hospital Mercy Hospital St. John's Hospital Good Samaritan Hospital Good Samaritan Hospital 1325 Ansel Road 8th St., N.W. 241 -1209 Alberta St. 4311 Prospect Ave. Bethesda Hospital

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St. Luke's Hospital

Mt. Sinai Hospital Children's Hospital Union Hospital Fairview Park Hospital People's Hospital 664 No. Park St. 306 Cole Ave.

1428 W. 80th St. 2039 Emerson Ave. Fletcher Gen'l Hospital

Overseas Dayton 5 Cleveland 9 Cleveland 6 Cleveland 5 Oakland 14, Calif. Akron

Akron 4

Cincinnati

Dayton F8

Columbus 5

Mariemont

Lakewood 7

Cleveland 4 Hamilton Toledo 2 Cleveland Cincinnati 20 Cincinnati 20 Cleveland 6 Barberton Dayton Cleveland 3

Cincinati Med. Sec. 3547, S. U.
Youngstown Hosp., S.S. Unit Youngstown 1 Dayton Akron 7

Parma 9 Hamilton Cleveland 15 Garfield Heights Lakewood 7 Cleveland 6 Cleveland 4

Cleveland 6

Cincinnati 29 Dover Cleveland Akron Columbus Canton 6 Cleveland 2 Dayton Portsmouth, Va. Cambridge

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803 W. 19th St. 1607 E. Chaffin (temp.) Wesley Hospital 1718 Morton St.

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110th Evac. Hospital Wesley Hospital Community Hospital Valley View Hospital Ponca City Hospital Wesley Hospital

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3542 S. E. 97th Emmanuel Hospital St. Mary's Hospital 770 Broadway

Station Hospital Community Hospital Emanuel Hospital 4030 S. W. Condor Ave. 1131 S. W. Montgomery St. Providence Hospital Home: 1716 S. E. 82nd St., Portland

444 N. Winter St. Good Samaritan Hospital Rt. 4. Box 190 B Emanuel Hospital Eastern Oregon TB Hospital Coffey Memorial Hospital Josephine Gen'l Hospital St. Vincent's Hospital U.N.R.R. Co. Training Center,

U. of Maryland (temp.) 603 Pentland St. Coffey Memorial Hospital 808 S. Third St. 808 S. Third St. Good Samaritan Hospital Portland Sanitarium Ashland Community Hospital Eugene Clinic Hospital 173 S. Cottage St. Med.-Dental Surgery Hillside Hospital Joan of Arc Home 604 S. E. 52nd St.

Doernbecker Hospital Klamath Valley Hospital 2328 N. W. Everett St. 1092 S. W. Westwood Dr. 399 E. 10th St. 1804 S. E. 44th Ave.

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1195 N. 14th St.

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78 Ingalls Rd. Home: 116 E.Forgetmenot Rd. Wildwood, N. J.

1509 Snyder St. Jewish Hospital Lancaster Gen'l Hospital Lancaster Home: 51 N. 9th St., Philadel. Overseas Chambersburg Hospital 1542 Easton Ave. Western Penna. Hospital Montefiore Hospital 637 Indiana Ave. The Barclay, 18th and Rit-tenhouse Square

Station Hospital Palmerton Hospital Germantown Hospital 119 Edgehill Ave. Germantown Hospital Pottsville State Hospital St. Luke's Hospital Altoona Hospital Jewish Hospital Mt. Sinai Hospital 700 Sheridan Ave.

412 Crescent Ave. 2 Lueder St. Rochester Gen'l Hospital U. S. Naval Hospital R. D. No. 2 551 Roxborough Ave.

15 Walker Ave.

709 Windermere Ave. Methodist Hospital Lankenau Hospital Uniontown Hospital St. Francis Hospital

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2618 S. Appel St., R.D. No. 2

P. O. Box 393 425 First Ave. Lying-In Hospital Bradford Hospital 119 North St. Charleroi-Monessen Hosp. 925 N. 63rd St. Home: 1916 W. York St.,

Post Graduate Hospital U. S. Naval Hospital West Side Hospital St. Joseph's Hospital 145 S. Washington St. 4636 Sansom St.

Nason Hospital 223 Jackson Ave. Geisinger Mem'l Hospital Allegheny Gen'l Hospital Westmoreland Hospital Methodist Hospital Mt. Sinai Hospital Pennsylvania Hospital Jewish Hospital

180 Green Lane, Roxborough Apt. 4-E, Sheldon Park 427 Laura St. 460 William St. Eye and Ear Hospital State Hospital Street Road

Jones, Katherine Elizabeth Steele Magee Hosp. Pittsburg Uniontown Hospital St. Mary's Hospital McKeesport Hospital

20th Ave. Valley Forge Gen'l Hospital Station Hospital 3523 Aspen St. Robert Packer Hospital

1135 Cumberland St. Mercy Hospital Eye and Ear Hospital Doctors' Hospital Home: Orwigsburg 7233 Charles St. 844 Park Ave.

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Allentown

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Scranton Lancaster Boyertown Philadelphia 39 Roaring Spring Landsdowne Danville Pittsburgh 12 Greensburg Philadelphia 48 Philadelphia 47 Philadelphia 7 Philadelphia 41 Philadelphia Tarentum

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State Hospital Station Hospital, Camp Luna 1509 Palm St. 327 W. Ridge St. A.,U. S. Naval Hospital 3804 Chestnut St. Temple University Hosp. 50 W. Main St. Lankenau Hospital

6921 Saybrook Ave. Polyclinic Hospital 51 N. 40th St. 53 N. Broad St. 237 S. Millvale Ave. Post Graduate Hospital Shadyside Hospital 115 S. Railroad St. One Balwyn Place 1646 W. Lynn St. Montefiore Hospital Monongehela Mem'l Hospital Memorial Hospital Mercy Hospital 1540 Mohican St. Fitzgerald-Mercy Hospital St. Mary's Hospital 5044 Chestnut St. Mercy Hospital

Elizabeth Steele Magee Hosp. 438 Maple St McGoogan, Ens. Eleanor J. U. S. Naval Dispensary McLaughlin, Lt. Florence J. Station Hospital Warren Gen'l Hospital 24th Evac. Hospital 121 Ridge Ave. State Hospital 111 Melrose St. New Castle Hospital St. Joseph's Hospital Children's Hospital Home: Box 47, Rigby, Pa. 1830 Delancey St. Children's Hospital 320 N. Market St. 516 Walnut St. Bryn Mawr Hospital Shady Side Hospital 27 St. Mary's Road Lancaster Gen'l Hospital R. F. D. No. 1 Box No. 22 25 W. Hinckley Ave. Hershey Hospital

Home: 1540 Schuylkill Ave. Reading 228 W. Sheridan Ave. 5821 Stanton Ave. St. Francis Hospital

Blossburg Los Vegas, N.Mex. Reading Lansford New River, N. C. Philadelphia 4 Philadelphia 40 Glen Lyon Philadelphia Mifflintown Philadelphia 42 Harrisburg Philadelphia 4 Waynesboro Pittsburgh 24 Philadelphia 46 Pittsburgh 6 Hummelstown Bala-Cynwyd Shamokin Pittsburgh 13 Monongehela Johnstown Pittsburgh 19 Philadelphia 38 Darby Philadelphia 25 Philadelphia 39 Altoona Eglin Field, Fla. Pittsburgh 13 Jenkintown C'p Endicott, R. I. Greensboro, N. C. Warren Camp Tyson, Tenn. Washington Shamokin Keiser New Castle Lancaster Oakland, Calif. Pittsburgh 13 Overseas Philadelphia 3 Pittsburgh 13 Lykens Roaring Spring Bryn Mawr Pittsburgh 6 Wilkes-Barre Lancaster Hellertown Sutersville Ridley Park

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Shamokin Allegheny Gen'l Hospital

McKeesport Hospital Armstrong County Hospital Home: 313 Richland Ave. Canonsburg, Pa.

Chester County Hospital 613 Crosby St. Homestead Hospital 2107 — 16th St. Home: R.F.D. 1, Du Bois Home: N. High St., Williamsburg, Blair Co.

St. Luke's Hospital Chester County Hospital Home: 237 - 18th Ave., Homestead

Mercy Hospital

537 -- 7th Ave. Hamot Hospital Taylor Hospital Chester County Hospital 237 Welsh Ave. Jeanes Hospital 2000 W. Girard Ave. Shelby Hospital Jameson Mem'l Hospital Butler County Mem'l Hosp. Lankenau Hospital 2002 Chew St. St. Agnes Hospital Chester County Hospital Presbyterian Hospital Eye and Ear Hospital Western Penna. Hospital Centre County Hospital St. Margaret's Mem'l Hosp. R. D. No. 2 St. Joseph's Hospital Misericordia Hospital

P. O. Box 118 St. Vincent's Hospital Sacred Heart Hospital Charleston, S. C. Wilkinsburg Canonsburg Canonsburg Butler Sewickley Philadelphia 47

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Home: 734 Haws Ave., Norristown Suburban Hosp., Bellevue Sta. Pittsburgh 2 Wilkes-Barre Gen'l Hospital Station Hospital Hazleton State Hospital Emergency Hospital

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Robert Packer Hospital Wilkie, Mr. Brackline Blvd, Brookline, Upper Darby

Windse, Mrs. Elsa F.***

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Henry Clay Frick Mem'l Hosp. Mt. Pleasant

Prockline Blvd, Brookline, Upper Darby

Philadelphia 524 Brookline Blvd, Brookline, Upper Darby Mt. Sinai Hospital Miners Hospital

> Home: Gilberton, Pa. Greene County Mem'l Hosp. 1392 E. State St.

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Sioux Valley Hospital McKennan Hospital Hoven Municipal Hospital St. Joseph's Hospital Sacred Heart Hospital St. John's Hospital St. Joseph's Hospital McKennan Hospital St. Mary's Hospital St. Luke's Hospital Mother of Grace Hospital St.Bernard's Providence Hosp. Milbank St. Mary's Hospital St. Joseph Hospital

St. Luke's Hospital.

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Vanderbilt Univ. Hospital 615 W. 7th St. 510 Fortwood Pl. No. 2 Station Hospital 1989 Madison Ave., Apt. 8 Methodist Hospital Riverside Hospital (temp.) 1125 Exchange Bldg. c/o Dr. J. A. James 1065 Eastmoreland Apt. 3 914 Signal Road 1101 Kyle Box 1465 3540 Powell 126 P. & S. Building c/o Dr. Frank Smythe 705 19th St., Apt. 4 Station Hospital

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Santa Barbara, Calif. (temp.)

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Memphis 1 Memphis 4 Signal Mountain Memphis 6 Knoxville 9 Memphis 12

Memphis 3 Knoxville 16 Cp. Forrest, Tenn. Nashville 5

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Clinton, Tenn.
Baptist Hospital
Chamberlain Mem'l Hosp.
St. Joseph Hospital
St. Thomas Hospital
225 Island Home Blvd.
Station Hospital
U. S. Naval Hospital
1641 Woodside Ave.
1301 Eastmoreland
Methodist Hospital
2729 Barron Ave.
300 W. Ravine Road

Methodist Hospital
48 S. Diana St.
Medical Service Building
615 N. Willett St.
654 Stonewall St.
St. Joseph Hospital
692 S. Cox St.
Vanderbilt Univ. Hospital
Hillcrest Drive
705 19th St., Apt. 4
111th Evac. Hospital
103 E. Lafayette Circle
Baptist Hospital
St. Joseph Hospital
St. Joseph Hospital

Memphis Clinton, Iowa Brownsville Memphis 4 Fayetteville Kingsport Memphis 3 Nashville 4 Cp. Forrest, Tenn. Portsmouth, Va. Memphis Nashville 4 Knoxville Nashville 5 Nashville 10 Memphis 3 Nashville 4 Nashville 3 Nashville 3 Memphis 7 Memphis 7 Memphis 3 Memphis 3 Memphis 4 Overseas

Memphis 3 Rockwood Memphis 7 Nashville 4 Knoxville 15 Ft. McClellan, Ala. Farragut, Idaho Kingsport Memphis 4 Memphis 4 Memphis 11 Kingsport Overseas Memphis 4 Memphis 4 Oak Ridge Memphis 7 Memphis 7 Memphis 7 Memphis 4 Nashville 5 Madison Knoxville 16 Camp Swift, Tex. Memphis 11 Memphis 3 Memphis 7 Memphis 7

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Box 2203
St. Joseph Hospital
Heights Hospital
Scott and White
Wilson N. Jones
Harris Mem'l Me
Gregg Mem'l Ho
Brooks Clinic
Clinic Hospital
601 East 38th St

Cable, Marcella Ann Cade, Mrs. Dorothy H. Canady, Mrs. Thelma F. Cart, Ruby Mary Childress, Mrs. H. H. Childress, Mrs. Jack K.**

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Baylor Hospit
Breckenridge
John Sealy Ho
Shannon Mem
St. Joseph Ho
1317 Pierce S'
Memorial Hos
317 N. Milton
All Saints Ho
1907 — 22nd St
1215 W. 10th
Box 3112

148 WAC Det.,

Moore Gen'l Hospital
Pine Bluff Arsenal
Box 2203
St. Joseph Hospital
Heights Hospital
Herman Hospital
Box 25 Welborn
1300 W. Cannon
Herman Hospital
Wilson N. Jones Hospital
Harris Mem'l Methodist Hosp.
Gregg Mem'l Hospital
Brooks Clinic
Clinic Hospital
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Clinic Hospital
Herman Hospital
Herman Hospital
Herman Hospital
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Houston 5
Sherman
Atlanta
San Angelo
Austin 21
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Austin 21
Houston 5
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1659 Vassar
716 W. Ave. G
Ashburn Gen'l Hospital
Methodist Hospital
3406 Junius St.
1271 E. Magnolia
Methodist Hospital
Hillcrest Mem'l Hospital
Methodist Hospital

3206 Princeton Ave.
2016 Pulliam St.
2400 Coggin Ave.
5035 N. Main (temp.)
Paris Sanitarium
1619 — 9th St.
Home: 1801 Algonquin Ave.
Waco
3219 Maple

Station Hospital

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Graham Hospital
72610 Roanoke
803 Lamar St.
Baylor Hospital
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John Sealy Hospital
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Providence Hospital
St. Joseph Hospital
317 Pierce St., Apt. 9
Memorial Hospital
317 N. Milton St.
All Saints Hospital
1907 — 22nd St.
1215 W. 10th
Box 3112
2314 MacGregor Way

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L.D.S. Hospital 2455 Van Buren Ave. L.D.S. Hospital Thos. D. Dee Mem'l Hospital O. S. L. Clinic

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Station Hospital 2201 Grove Ave. St. Albans Sanatorium University of Va. Hospital Memorial Hospital Community Hospital 517 Milton Ave. Johnson Memorial Hospital Winchester Mem'l Hospital St. Vincent's Hospital Alexandria Hospital Lewis Gale Hospital Lynchburg Gen'l Hospital 3505 Old Dominion Blvd. Alexandria Hospital Dixie Hospital Roanoke City Hospital Univ. of Va. Hospital

Overseas Norfolk 10 Richmond Roanoke 4 Overseas Richmond 19 Richmond 20 Danville Lynchburg Lynchburg

Overseas Petersburg Alexandria Alexandria Richmond 19 Newport News Norfolk Durham, N. C. Norfolk 7 Farmville Alexandria Overseas Washington, D. C. Norfolk Lynchburg Bedford Newport News Norfolk 5 Norfolk 7 Richmond 19 Richmond 20 Roanoke 16 Richmond 20 Norfolk Nassawadox Overseas Ft. Hamilton, N.Y. Richmond 20 Radford Charlottesville Danville Radford Richmond 22 Abingdon Winchester Norfolk 10 Alexandria Roanoke 11 Lynchburg Alexandria Norfolk 10

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Sacred Heart Hospital 602 S. Sheridan Pierce County Hospital St. Joseph's Hospital 1211 S. Peabody St. 7707 - 1st Ave. N.W. 809 - 5th Ave. 835 - 15th Ave. 4203 -11th Ave. N.E. 260 E. 45th Mt. Vernon Hospital 1344 E. 62nd 211 W. 7th St. U. S. Naval Hospital 1323 Terry Ave. 128 Harvard Ave. N. 227 N. Oak Rivercrest Hospital N. P. Hospital 202 S. Franklin

R. 1, Box 49 Fort George Wright

18005 Victory Way 114 — 4th Ave. N. W. Tacoma Gen'l Hospital 2153 — 8th Ave. N. 1715 E. Cherry St. Columbus Hospital 1822 Baker St 711 Stimson Bldg. Stat. Hosp., Peterson Field

Veteran's Hospital Permanente Foundation Bower Apts. No. 24 P. O. Box 24

Bremerton Tacoma 5 Santa Ana, Calif. Everett Tacoma 3 Bremerton Spokane 14 Spokane 10 Tacoma 2 Seattle Spokane Longview Tacoma Vancouver Mason City Seattle 44 Everett Seattle 4 Overseas Spokane Tacoma 6 Tacoma Tacoma Port Angeles Seattle 7 Seattle Seattle 22 Seattle 5 Cp. Stoneman, Cal. Seattle 5 Mt. Vernon Seattle 5 Port Angeles Seattle 4 Seattle 1 Seattle 22 Colville Spokane 12 Tacoma 4 Wenatchee Harrington Lake Bay Spokane St. John

Bellingham Seattle 55 Puyallup Tacoma 3 Seattle 9 Seattle 22 Seattle 4 **Everett** Seattle 1 Colorado Springs,

Colo. American Lake Vancouver Longview Walla Walla

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O'Neil, Charlotte V.

O'Neil, Rose

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Sacred Heart Ho
402 — 35th Ave Parker, Mrs. Margaret LaD. Tacoma Gen'l Hospital Peterson, Helen H. Peterson, Mrs. Mildred Pickard, Mrs. Leta M. Polyblank, Mrs. Mary K. Poulson, Dorothy E. Presnell, Mrs. Agnes E. Quirk, Catherine Pat

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Rowley Gen'l Hospital Swedish Hospital 135 -39 — 5th N. E.

Sacred Heart Hospital 402 — 35th Ave. So.

608 Medical and Dental Bldg. Seattle 1 4319 Corliss Ave. R. 8

1101 -- 17th Ave. Permanente Hospital Newport Community Hosp. Piedmont Hotel Stat. Hosp., Camp Kohler 1017 — 6th St., Apt. A Providence Hospital Sacred Heart Hospital St. Luke's Hospital Cobb Bldg. Surgery Deaconess Hospital

209 S. 17th Ave. 3508 W. Thurman St. Ignatius Hospital St. Joseph's Hospital St. Joseph's Hospital Sacred Heart Hospital

Providence Hospital Providence Hospital St. Elizabeth's Hospital St. Martin's Hospital St. Martin's Hospital St. Joseph's Hospital St. Martin's Hospital St. Ignatius Hospital St. Helen Hospital 1920 - 15th St. 4428 — 6th Ave. Bryant and Weisman Clinic Providence Hospital Deaconess Hospital 12526 Greenwood E. 2728 — E. 18th Ave. N. P. Hospital Franklin D. Roosevelt Hosp. 614 E. Union Permanente Hospital Tacoma Gen'l Hospital c/o Medical Dept. Maynard Hospital

507 W. 7th Virginia Mason Hospital 201 Securities Bldg. Marcus Whitman Hotel Station Hosp., Lowry Field Rm. 11, Barracks 3A

Seattle 5 Tacoma 3 Puyallup Mt. Vernon Seattle 4 Seattle 5 Cmp. White, Ore.

Spokane 9

Seattle * Tacoma Seattle 3 Spokane 15 Seattle 22 Vancouver Newport

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O. V. G. Hospital Stevens Clinic Hospital 6619 Kanawha Ave., S.E. Oak Hill Hospital Charleston Gen'l Hospital McMillan Hospital Bluefield Sanitarium Station Hospital

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5th Aux. Surg. Gp.

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Kanawha Valley Hospital Beckley Hospital Kanawha Valley Hospital

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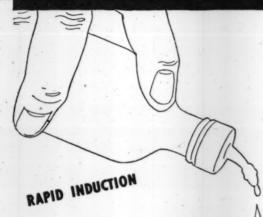
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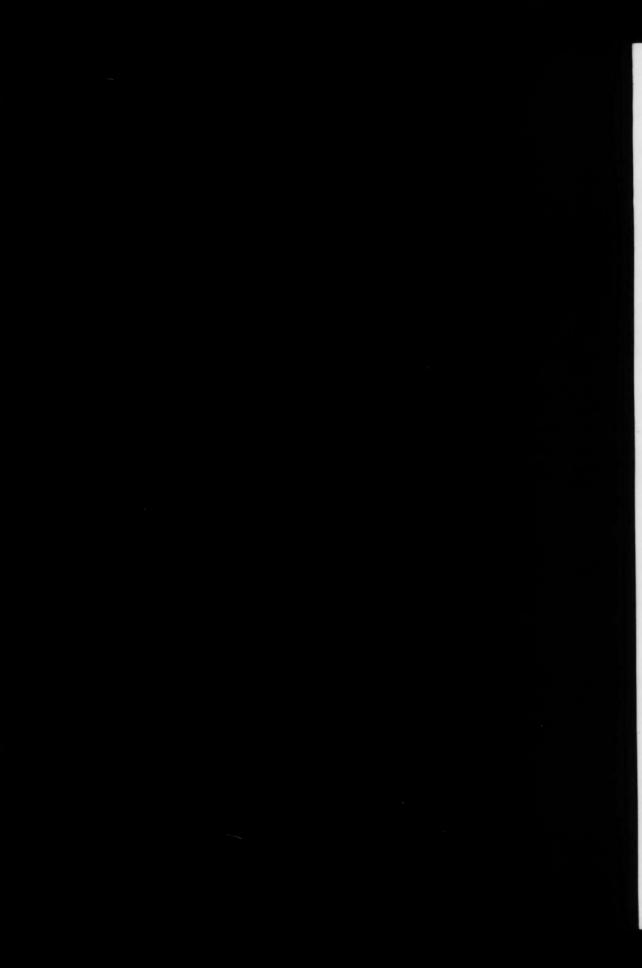
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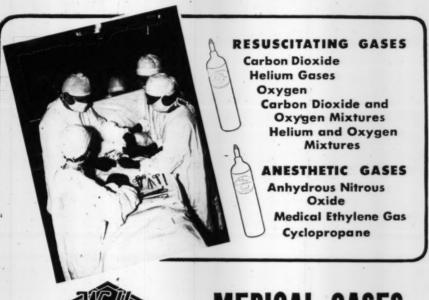
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